S. No. 300
10.48

FILED DEC 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5765 State File No. 42851

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 410

640
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural #1, Mason Tnshp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R #1, Hannibal, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R. #1, Mason Township, Hannibal
d. STREET ADDRESS (If rural, give location): R. #1 0640

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): H.
c. (Last): Costello

4. DATE OF DEATH (Month) (Day) (Year): 12 8 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/31/1892
9. AGE (In years last birthday): 59 — If under 1 year: Months 11, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Hannibal, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Benjamin Webb
13b. MOTHER'S MAIDEN NAME: Julia Sullivan
14. NAME OF HUSBAND OR WIFE: Paul Costello

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Paul Costello R#1 Hannibal Mo. — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pyelo nephritis Chronic — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:*
DUE TO (b): Hypertension — 6 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Anemia — 6 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 444 X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12-47, 19__, *to* 12-8, 19 52 *that I last saw the deceased alive on* 12-8, 19 52 *and that death occurred at* 12:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H L Greene M.D.
23b. ADDRESS: 100 N. Sixth Hannibal, Mo.
23c. DATE SIGNED: 12-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/10/52
24c. NAME OF CEMETERY OR CREMATORY: Grand View Burial Pk
24d. LOCATION (City, town, or county) (State): Hannibal, Marion, Mo.

DATE REC'D BY LOCAL REG.: 12/10/52
REGISTRAR'S SIGNATURE: W C Fisher Dr E M Lucke Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: H. M. O'Donnell — ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 16 1952
MARION CO. HEALTH DEPT.
DATE FILED DEC 16 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed W M O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.