

S. No. 300
v. 10-1-53

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2216**

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If rural, give location) 620 East High Street	

3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) Schneider c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan 21 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 22 1876		9. AGE (In years last birthday) Months Days 76
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 (State or foreign country) Russellville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Pete Sinish		13b. MOTHER'S MAIDEN NAME Louise Shultz		14. NAME OF HUSBAND OR WIFE Louis	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.J. Schneider - Hannibal, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Lung and Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lung and Liver DUE TO (c) Carcinoma of sigmoid				INTERVAL BETWEEN ONSET AND DEATH 6 mo. 1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 153X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Nov. 1**, 19 **52**, to **Jan. 21**, 19 **53**, that I last saw the deceased alive on **Jan. 21**, 19 **53**, and that death occurred at **6:45 a.m.** from the causes and on the date stated above.

23a. SIGNATURE Wm. C. Lamm (Degree or title)		23b. ADDRESS 707 Bdwy Hannibal, Mo.		23c. DATE SIGNED 1-21-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-23-53	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		
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DATE REC'D BY LOCAL REG. 1-21-53	REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Fisher		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. M. O'Donnell - Hannibal, Mo.		
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 23 1953
MARION CO. HEALTH DEPT.
DATE FILED JAN 23 1953

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 _____

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.