

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. **FILED MAR 18 1954** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY Marion b. CITY (If outside corporate limits, write RURAL and give town) Hannibal c. LENGTH OF STAY (in this place) 26 hrs d. FULL NAME OF HOSPITAL OR INSTITUTION Leavenworth Hospital			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY PIKE c. CITY (If outside corporate limits, write RURAL and give township) Frankford 0820 d. STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) BINA c. (Last) CAVERLY		4. DATE OF DEATH (Month) (Day) (Year) MAR. 10. 54		5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 2-1880	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR: Months _____ Days _____ 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 (State or foreign country) Frankford, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Harden Stark			13b. MOTHER'S MAIDEN NAME Nellea Mixer			14. NAME OF HUSBAND OR WIFE C. Bert Caserly						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. Bert Caserly, Frankford Mo.								
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum with metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH Jan 25 to 54 Mar. - 10 54	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <div style="text-align: right; font-size: 2em;">154 X</div>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <u>Jan 25, 1954</u>, to <u>Mar 10, 1954</u>, that I last saw the deceased alive on <u>Mar 10, 1954</u>, and that death occurred at <u>8 a. m.</u>, from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) Merill J. Deen						23b. ADDRESS Hannibal Mo.			23c. DATE SIGNED 3-13-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 12, 54	24c. NAME OF CEMETERY OR CREMATORY Fairview Cem.			24d. LOCATION (City, town, or county) (State) Frankford, Mo.						
DATE REC'D BY LOCAL REG. 3/13/54		REGISTRAR'S SIGNATURE H. C. Fisher Deputy				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fields and Son Frankford Mo.						

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

RECEIVED MAR 17 1954
MARION CO. HEALTH DEPT.
DATE FILED MAR 17 1954

DEC 11 1957

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

Joe Fields Meason

Licensed Embalmer No.

40913

P. O. Address.

Frankford 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.