

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5623**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **77**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Marion.</b>                         |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Marion.</b> |  |
| b. CITY OR TOWN <b>Hannibal</b>                                       |  | c. CITY OR TOWN <b>Rural, Warrent, Miss.</b>  |  |
| c. LENGTH OF STAY (in this place) <b>3 days.</b>                      |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>           |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST ELIZABETHS Hospital</b> |  | STREET ADDRESS (If rural, give location) <b>Monroe City, MO. RFD. 3.</b>  |  |

|  |                             |                             |                          |   |
|--|-----------------------------|-----------------------------|--------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <b>MARGARETE</b> | b. (Middle) <b>WALBERGA</b> | c. (Last) <b>BRIGHT.</b> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>March 5 1956</b> |
|--|-----------------------------|-----------------------------|--------------------------|---|

|                      |                               |   |  |   |                                    |   |
|----------------------|-------------------------------|---|--|---|------------------------------------|---|
| 5. SEX <b>FEMALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>JANUARY 5-1894</b> | 9. AGE (In years last birthday) <b>62</b> | IF UNDER 1 YEAR<br>Months <b>2</b> | IF UNDER 24 HRS.<br>Hours <b>2</b> Min. |
|----------------------|-------------------------------|---|--|---|------------------------------------|---|

|   |   |   |  |
|---|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>OWN Home</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Marquette Wisconsin</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|---|---|--|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <b>Joseph F. KRONNOBLE</b> | 13b. MOTHER'S MAIDEN NAME <b>WALBERGA HARDE</b> | 14. NAME OF HUSBAND OR WIFE <b>E H Bright</b> |
|---|---|---|

|  |                                     |   |                               |
|--|-------------------------------------|---|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>E H Bright</b> | ADDRESS <b>Monroe City Mo</b> |
|--|-------------------------------------|---|-------------------------------|

|  |  |               |                                  |
|--|--|---------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |               | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolism.</b>  |               | <b>1 day.</b>                    |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Intestinal obstruction.</b> |               | <b>2 days.</b>                   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>ventral hernia. Ventral hernia &amp; large post-operative</b>                           |  | <b>6 yrs.</b> |                                  |

|                                      |   |   |
|--------------------------------------|---|---|
| 19a. DATE OF OPERATION <b>3/5/56</b> | 19b. MAJOR FINDINGS OF OPERATION <b>Intestinal obstruction, large ventral hernia, and large post-operative ventral hernia. 5613</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) m. | 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 **3/4**, 19**56**, to **3/5**, 19**56**, that I last saw the deceased alive on **3/5**, 19**56**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

|                                    |                   |  |                                |
|------------------------------------|-------------------|--|--------------------------------|
| 23a. SIGNATURE <b>Ruby Lanning</b> | (Degree or title) | 23b. ADDRESS <b>504 B &amp; L Building, Hannibal, Missouri</b> | 23c. DATE SIGNED <b>3/6/56</b> |
|------------------------------------|-------------------|--|--------------------------------|

|  |                           |  |   |
|--|---------------------------|--|---|
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) | 24b. DATE <b>3-8-1956</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Dawners Grove Illinois</b> |
|--|---------------------------|--|---|

|  |  |  |                                 |
|--|--|--|---------------------------------|
| DATE REC'D BY LOCAL REG. <b>3-6-56</b> | REGISTRAR'S SIGNATURE <b>Dr. E. M. Luck...</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SON</b> | ADDRESS <b>Monroe City, Mo.</b> |
|--|--|--|---------------------------------|

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

RECEIVED MAR 10 1956  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 10 1956

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.....  
Signature of Student Embalmer

Signed *Leslie L. Nelson*

Licensed Embalmer No. *3048*

P. O. Address *Monroe, La.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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