No. 300
10.48

FILED AUG 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27633

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 274

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Missouri.
c. LENGTH OF STAY (in this place): 1yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clark Rest Home. 1125 Lyon St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls.
c. CITY OR TOWN: Perry, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): Perry, Mo.

0810 1

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): J.
c. (Last): COSTIGAN.

4. DATE OF DEATH (Month) (Day) (Year): July 28, 1956

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept 2, 1877

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 10 Days 26
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and State or Foreign Country): Doniphan, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Theodor Eagan

13b. MOTHER'S MAIDEN NAME: Ida Woodall

14. NAME OF HUSBAND OR WIFE: Matt Costigan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Lillian Menefee. Hannibal, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) hypertensive cardio-vascular disease — years.
DUE TO (c)

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 443X

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): Hannibal Marion Mo.

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* Nov 12, 1955, *to* May 28, 1956, *that I last saw the deceased alive on* May 28, 1956, *and that death occurred at* 6:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Hannibal, Missouri.

23c. DATE SIGNED: 8-1-1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-31-1956

24c. NAME OF CEMETERY OR CREMATORY: Lickcreek Cemetery

24d. LOCATION (City, town, or county) (State): Perry, Missouri.

DATE REC'D BY LOCAL REG.: 8-14-56

REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clyde C. [illegible] Perry, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED AUG 20 1956
MARION CO. HEALTH DEPT.
DATE FILED AUG 20 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Clyde C. Willey

Licensed Embalmer No. 3820

P. O. Address Perry, Missc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.