

Dr. M urphy

STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1957

STATE FILE NUMBER 5510
86

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hannibal 0644	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1819 Spruce		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1819 Spruce	
3. NAME OF DECEASED (Type or print) First Middle Last Della Mae Franklin			4. DATE OF DEATH Month Day Year 3/2/57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/28/1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Day 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 country) Ralls Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Simon Wooten		
14. MOTHER'S MAIDEN NAME Mary Glascock			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.			17. INFORMANT Earl Franklin, Las. Vegas, Nevada		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic-Myocarditis, arteriosclerotic in type					INTERVAL BETWEEN ONSET AND DEATH 16 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Hypertension					" "
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 0		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10/22/55 to 3/2/57 and last saw her alive on 2/23/57 Death occurred at 8:P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. M. Murphy			22b. ADDRESS Hannibal Mo.		22c. DATE SIGNED 3/5/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/6/57	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Hannibal, Mo.
24. FUNERAL DIRECTOR H. W. O'Donnell		ADDRESS Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 3-6-57	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare
Public
Service300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All standard nomenclature in item 18.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED MAR 13 1957
MARION CO. HEALTH DEPT.
DATE FILED MAR 13 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.....
Signature of Student Embalmer

Signed..... *J M O'Donnell*

Licensed Embalmer No. 388

P. O. Address Hannibal,

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