

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5512****80**

| | | | | | | | |
|---|----------------------------------|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 209 | | PRIMARY REG. DIST. NO. 3043 | | Registrar's No. 80 | |
| 1. PLACE OF DEATH a. COUNTY Marion | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Hannibal | | c. LENGTH OF STAY (In this place) 6 Wks. | | c. CITY (If outside corporate limits, write RURAL and give township) Monroe City | | 0690 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital | | | | d. STREET ADDRESS (If rural, give location) 219 East Lawn | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lila b. (Middle) Mae c. (Last) Girtin | | | 4. DATE OF DEATH (Month) (Day) (Year) 2 - 28 - 1957 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, OR ORPHAN (Specify) Never Married | 8. DATE OF BIRTH 4 - 5 - 1886 | | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months 10 Days 23 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | | 11. BIRTHPLACE (State or foreign country) Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME William C. Girtin | | | 13b. MOTHER'S MAIDEN NAME Mary Macy | | 14. NAME OF HUSBAND OR WIFE Never Married | | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charles Meeker 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure | | | | | | INTERVAL BETWEEN ONSET AND DEATH 40 days | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular heart disease | | | | | | 18 months | |
| 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 4214 | | | | | |
| 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) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 Jan. 19, 1957 to Feb. 28, 1957 , that I last saw the deceased alive on Feb. 28, 1957 , and that death occurred at 1:00 a. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Mrs. Camilla M. H. D. | | | | 23b. ADDRESS 707 Bdwy, Hannibal, Missouri | | 23c. DATE SIGNED 3-1-57 | |
| 24a. BURIAL CREMATION REMOVAL (Specify) Burial | | 24b. DATE 3 - 2 - 1957 | 24c. NAME OF CEMETERY OR CREMATORY St. Jude's Cemetery | | 24d. LOCATION (City, town, or county) (State) Monroe City Missouri | | |
| DATE REC'D BY LOCAL REG. 3-2-57 | | REGISTRAR'S SIGNATURE Dr. Em. Lucke By W. C. Fisher | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. J. Jones Hannibal Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 7 1957

MARION CO. HEALTH DEPT.

DATE FILED MAR 7 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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Harold Turner

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Marion City

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.