

THE DIVISION OF HEALTH IN REVERSE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9384

STATE FILE NUMBER

FILED MAR 25 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 52

Health,
& Welfare
Public
Service

S. 300
7. 1-56

All diseases will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		0644 0	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital			Length of stay in lb	d. STREET ADDRESS 2000 Orchard Ave.			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Rosetta				First	Middle	Last	4. DATE OF DEATH Feb. 5, 1957
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 Aug. 21, 1874		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days 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) Marion County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John McCubbins				14. MOTHER'S MAIDEN NAME Martha Snyder			
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 Address Wm. Clayvell, Hannibal, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)- Uremia							INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Congestive Heart Failure				?
			DUE TO (c) Pneumonia				2 weeks
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? 493x 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.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <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 1-30-57 to 2-5-57 and last saw her/him alive on 2-5-57 . Death occurred at 5:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>D. H. Watters</i> (Degree or title)				22b. ADDRESS Hannibal, Missouri.		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-7-57	23c. NAME OF CEMETERY OR CREMATORY Hydesburg, Cemetery,		23d. LOCATION (City, town, or county) (State) Hydesburg, Missouri.			
24. FUNERAL DIRECTOR <i>H. Crawford</i> Address Hannibal Mo.			25. DATE RECD. BY LOCAL REG. 2-9-57		26. REGISTRAR'S SIGNATURE <i>Dr. Em. Lucke</i>		

2000 Orchard Ave. 2000 Orchard Ave.
 Hamilton Hamilton
 1927 1927
 Wm. Claywell, Hamilton, Ohio Wm. Claywell, Hamilton, Ohio
 U.S.A. U.S.A.
 John McQuinn John McQuinn
 Homewife Homewife
 White White

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 *John S. Stand*
 Licensed Embalmer No. 454

P. O. Address *Hamilton*

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.