

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**9390**

STATE FILE NUMBER

**FILED APR 4 - 1957**

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <b>Marion</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Bowling Green</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Elizabeth</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>RRD #2</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Theresa</b> Middle <b>Cecilia</b> Last <b>Grote</b>			4. DATE OF DEATH Month <b>March</b> Day <b>25</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12/20/1923</b>	9. AGE (In years last birthday) <b>33</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Pike County, Missouri</b>	
13. FATHER'S NAME <b>Emil Hinghaus</b>			14. MOTHER'S MAIDEN NAME <b>Katherine Stark</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>492-24-0453</b>		17. INFORMANT <b>Hubert Grote, Bowling Green, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive anoxic fluid embolus</b> DUE TO (b) <b>Premature rupture of membranes -</b> DUE TO (c) <b>Measles</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Measles</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 hrs</b> <b>3 days</b>
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.) <b>6786</b>			
20c. TIME OF INJURY Hour <b>9:03</b> Month <b>A</b> Day <b>18</b> Year <b>1957</b> a. m. <b>A</b> 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 <b>Hannibal, Missouri</b>	
21. I attended the deceased from <b>March 18, 1957</b> to <b>March 25, 1957</b> and last saw <b>her</b> alive on <b>3-25-57</b> Death occurred at <b>9:03</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Thomas R. Barnes M.D.</b>			22b. ADDRESS <b>Hannibal, Missouri</b>		22c. DATE SIGNED <b>3-25-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/28/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Clement Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Clement, Missouri</b>
24. FUNERAL DIRECTOR <b>J. M. O'Donnell</b>		ADDRESS <b>Hannibal, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3/28/57</b>	26. REGISTRAR'S SIGNATURE <b>W. E. Lucke By H. C. Fisher</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Health, & Welfare  
Public  
Service

S. 300  
1-56

1890

RECEIVED APR 3 1957  
MARION CO. HEALTH DEPT.  
DATE FILED APR 3 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. 3889

P. O. Address Hannibal, Mo.

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.