. Health,
& Welfare
. Public
h Service

S. 300 0
v. 1-56

FILED APR 4 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9402
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 115

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 ☒ No ☐	c. CITY OR TOWN: Hannibal 0644 0 — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Elizabeth Hospital — Length of stay in 1b	d. STREET ADDRESS (If outside, give location): 611 Hazel Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: EDWARD	Middle: H	Last: REUTHER
4. DATE OF DEATH	Month: March	Day: 28	Year: 1957
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: January 19, 1891
9. AGE (In years last birthday): 66	IF UNDER 1 YEAR: Months 2 Days 9	IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY: United Shoe Machinery	11. BIRTHPLACE (City and state or country): Vandalia Illinois	12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Jacob Reuther		14. MOTHER'S MAIDEN NAME: Rose Bauer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 490 07 6664	17. INFORMANT: Mrs. Edward H. Reuther — Address: Hannibal Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Embolism	24 hours
DUE TO (b)	Arteriosclerotic Heart Disease	4 yrs.
~~DUE TO (c)~~	and Auricular Fibrillation	2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mellitus 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 9-15-51, to _____ and last saw her/him alive on 3-28-57
Death occurred at 10:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H L Green 0 M.D.	22b. ADDRESS: 100 N. Sixth, Hannibal, Mo.	22c. DATE SIGNED: 3-29-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 4/1/1957	23c. NAME OF CEMETERY OR CREMATORY: Oak Grove
23d. LOCATION (City, town, or county) (State): St. Louis Missouri		
24. FUNERAL DIRECTOR: Smith Hannibal Mo. John A Wan — ADDRESS: Hannibal Missouri	25. DATE RECD. BY LOCAL REG.: 3-30-57	26. REGISTRAR'S SIGNATURE: Dr. E M Lucke By W C Fisher

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MCRS 1949.
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

189 0

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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....4540

P. O. Address Hannibal Miss

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