Dr. Wells

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

45076
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 506

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HANNIBAL — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St ELIZABETH — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MARION
c. CITY OR TOWN: HANNIBAL — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1408 Bird St — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Mauda — Middle: Edith Elizabeth — Last: Claus

4. DATE OF DEATH: Month 12 Day 12 Year 57

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARITAL STATUS: MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6/8/1886

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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: A

11. BIRTHPLACE (City and state or country): Little Rock ARK

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Marion

13b. MOTHER'S MAIDEN NAME: Josephine Shirley

14. NAME OF HUSBAND OR WIFE: Fred Claus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Fred Claus — Address: 1408 Bird, Hannibal Mo

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease c failure — 6 mo
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 June 1955, to 12/12/57 and last saw her alive on 12/12/57
Death occurred at 9:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. Hill M.D. (Degree or title)

22b. ADDRESS: Palmyra Mo

22c. DATE SIGNED: 12/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 12/14/57

23c. NAME OF CEMETERY OR CREMATORY: Ashbury Cemetery

23d. LOCATION (City, town, or county) (State): Ashbury, Mo

24. FUNERAL DIRECTOR: H. M. O'Donnell — ADDRESS: Hannibal

25. DATE RECD. BY LOCAL REG.: 12-31-57

26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Tinker

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED JAN 1 1958
MARION CO. HEALTH DEPT.
DATE FILED JAN 1 1958

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 W. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal M

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.