ot. Health,
, & Welfare
S. Public
lth Service

.S. 300
ev. 1-56

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

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI 93604-57

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 45092

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 498

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 OR TOWN Hannibal — Inside Limits Yes X No ☐	c. CITY OR TOWN Hannibal 0640 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Eliz. Hosp. — Length of stay in Hospital 7 Hrs.	d. STREET ADDRESS (If outside, give location) 1406 Market Street — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Shawanna Middle: Gayle Last: NELSON			4. DATE OF DEATH Month 12 Day 16 Year 57
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 12-15-57
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours 7 Min. 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Hannibal, Mo.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ~~[illegible]~~ Unknown.		14. MOTHER'S MAIDEN NAME Sharon Nelson	
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 Address: Mrs. Marie Nelson, Vandalia, Mo.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Prematurity ($6\frac{1}{2}$ months)

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

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 776x

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 12-15-57 to Dec. 16, 1957 and last saw her/him alive on Dec. 16, 1957
Death occurred at 1:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jm Canellos (Degree or title) M. D. — 22b. ADDRESS 707 Bdwy, Hannibal, Missouri — 22c. DATE SIGNED 12-24-57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	12-17-57	Mt. Olivet Cemetery	Hannibal, Mo.

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Jack Schwartz	Hannibal, Mo.	12-26-1957	Dr. E M Luckey by H C Fisher

(Licensed Embalmer's Statement on Reverse Side)

189-0

RECEIVED DEC 2 7 1957
MARION CO. HEALTH DEPT.
DATE FILED DEC 2 7 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 Jack Schwartz

Licensed Embalmer No. 490

P. O. Address Hannibal

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.