Dept. Health, Edu., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

FILED JAN 9 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 45095

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 509

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Hannibal — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence 705 a South Main — 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 064 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 705 a South Main — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First KATHERINE Middle Last STEIN

4. DATE OF DEATH Month December Day 19 Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Not given
9. AGE (In years last birthday) About 76 — 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
11. BIRTHPLACE (City and state or country) Hannibal Missouri
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Henry Stein
13b. MOTHER'S MAIDEN NAME Anna May Wachendorfer
14. NAME OF HUSBAND OR WIFE None

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.
17. INFORMANT Address Mrs. Gregory Kosmin 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:
IMMEDIATE CAUSE (a) Chronic nephritis — INTERVAL BETWEEN ONSET AND DEATH 3 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — 10 yr.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 446X

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 Jan 1957 to Dec 19 1957 and last saw her alive on Dec 18 1957
Death occurred at 1:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glenn R. Miller DO (Degree or title)
22b. ADDRESS Hannibal Mo
22c. DATE SIGNED 12-27-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/21/1957
23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
23d. LOCATION (City, town, or county) (State) Hannibal Missouri

24. FUNERAL DIRECTOR W Crawford Smith ADDRESS Hannibal Missouri
25. DATE RECD. BY LOCAL REG. 1-3-58
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 MoRS 1949.
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

189 0

RECEIVED JAN 8 1958
MARION CO. HEALTH DEPT.
DATE FILED JAN 8 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 .....

Licensed Embalmer No. ....4540....

P. O. Address ..Hannibal Missouri

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.