

Health, Welfare Public Service 644
 300
 1-57
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms not be treated. All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

Dr. Walterscheid

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

1998

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering</u>		d. STREET ADDRESS (If outside, give location) <u>600 Ely</u>	
3. NAME OF DECEASED (Type or print) First <u>Martha</u> Middle <u>Mae</u> Last <u>Baker</u>		4. DATE OF DEATH Month <u>1</u> Day <u>1</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9/29/1910</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Frankford, Missouri</u>
13a. FATHER'S NAME <u>John T. Gunn</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Phillios</u>	14. NAME OF HUSBAND OR WIFE <u>Judd Baker.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Judd Baker, 600 Ely St., Hannibal, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized carcinomatosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of uterus</u>			<u>?</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE <u>Hannibal Marion Missouri</u>
21. I attended the deceased from <u>12/14/57</u> to <u>1/2/58</u> and last saw ^{her} him alive on <u>1/2/58</u> Death occurred at <u>11:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D. H. Walterscheid M.D.</u>		22b. ADDRESS <u>508 Broadway, Hannibal, Mo.</u>	22c. DATE SIGNED <u>1/7/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/4/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>
24. FUNERAL DIRECTOR <u>H. M. D. Donnell, Hannibal, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1/9/58</u>	26. REGISTRAR'S SIGNATURE <u>W. M. Lucke By H. C. Fisher</u>

RECEIVED

JAN 24 1958

MARION CO. HEALTH DEPT.

DATE FILED JAN 24 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 *N. 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.