

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029679

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 280

Health, Welfare, Public Service
300-1-55
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Mo. b. COUNTY Marion				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hannibal 0646		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp			Length of stay in 1b 1 day		d. STREET ADDRESS (If outside, give location) 408 Rock St.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Katherine Middle Treasa Last Ridge				4. DATE OF DEATH Month Aug Day 20 Year 1958				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH July 22, 1876		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator of grocery store			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hannibal, Mo.		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Daniel O'Connell				14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Arzula Hinks Address Hannibal, Mo				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia terminal carcinoma, generalized Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) carcinoma of cervix uteri DUE TO (c) 171X							INTERVAL BETWEEN ONSET AND DEATH 2 weeks 1 year 4 years	
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 10:30 P. Month, Day, Year 8/20/58 a. m. 0 p. m. 0								
20d. INJURY OCCURRED WHILE AT WORK <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 Hannibal, Marion Mo.		COUNTY STATE		
21. I attended the deceased from 8/19/58 to 8/20/58 and last saw her alive on 8/20/58 Death occurred at 10:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) J. N. Wattuschek M.D.				22b. ADDRESS 508 Broadway, Hannibal, Mo.		22c. DATE SIGNED 8/22/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-23-1958	23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		23d. LOCATION (City, town, or county) (State) Hannibal, Mo.			
24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home-Hannibal, Mo.				25. DATE RECD. BY LOCAL REG. 8-25-58		26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by W. Fisher		

RECEIVED SEP 3 1958
MARION CO. HEALTH DEPT.
DATE FILED SEP 3 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 *Jesse A. Luck*

Licensed Embalmer No...4211

P. O. Address..Hannibal,

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