Health, Welfare Public Service

300
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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

58-037106
STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 366

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal, Missouri. Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hospital Length of stay in 1b: 19 Dys

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal, Missouri. Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Hannibal, Mo. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: OTA Middle: C Last: CROSTHWAIT
4. DATE OF DEATH: Month Oct Day 19 Year 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan 9, 1889
9. AGE (In years last birthday): 69
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): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (City and state or country): Perry, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joptha Crosthwait
14. MOTHER'S MAIDEN NAME: Ida Shackelford.
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.: 497-28-3600
17. INFORMANT: Mrs Audel Hobb Address: Perry, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days.
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): 4201
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 10/1/58, to 10/19/58 and last saw her/him alive on 10/19/58
Death occurred at 3:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: H. L. Greene (Degree or title) M.D.
22b. ADDRESS: Hannibal, Mo.
22c. DATE SIGNED: 10-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-21-58
23c. NAME OF CEMETERY OR CREMATORY: Liekereek Cemetery.
23d. LOCATION (City, town, or county) (State): Perry, Mo.
24. FUNERAL DIRECTOR: Clyde Cuiney ADDRESS: Perry, Mo.
25. DATE RECD. BY LOCAL REG.: 11-10-1958
26. REGISTRAR'S SIGNATURE: Dr. E. M. Luckey V. C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 1 2 1958
MARION CO. HEALTH DEPT.
DATE FILED NOV 1 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo

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