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

58-040748
STATE FILE NUMBER

75065-58

FILED NOV 19 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 371

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouei — b. COUNTY: Marion
c. CITY OR TOWN: Palmyra — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 423 E. Ross — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARK — Middle JOSEPH — Last RELLER

4. DATE OF DEATH: Month 10 — Day 4 — Year 1948

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐
8. DATE OF BIRTH: 10/4/58
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Hannibal Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank X. Reller
14. MOTHER'S MAIDEN NAME: Geraldine Mitchell

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.: no
17. INFORMANT Address: Frank X. Reller Palmyra 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): Erythrobastosis fetalis and prematurity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): RH-mother + premature separation of placenta
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 10 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 7705
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 10/4/58, to 10/4/58 and last saw ~~her~~ him alive on 10/4/58
Death occurred at 9 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J H Hall M D
22b. ADDRESS: Palmyra Mo.
22c. DATE SIGNED: 10/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/6/58
23c. NAME OF CEMETERY OR CREMATORY: St. Joseph Cem.
23d. LOCATION (City, town, or county) (State): Palmyra Mo.

24. FUNERAL DIRECTOR: E.T.Sprague — ADDRESS: Palmyra Mo.
25. DATE RECD. BY LOCAL REG.: 11-12-58
26. REGISTRAR'S SIGNATURE: Dr. E M Lucke By W C Fisher

(Licensed Embalmer's Statement on Reverse Side)

1890

RECEIVED NOV 1 8 1958
MARION CO. HEALTH DEPT.
DATE FILED NOV 1 8 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 E. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra Mo

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