

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044891

STATE FILE NUMBER

93211-58
FILED DEC 29 1958

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 426

300
1-57

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Vandalia 00410 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		Length of stay in 1b 5 Hrs	d. STREET ADDRESS (If outside, give location) 1057 Booker Str Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Helen Middle Maxine Last Cannon			4. DATE OF DEATH Month Dec Day 10 Year 1958		
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5. SEX Female 3	6. COLOR OR RACE Col	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 10, 1958	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 5 Days 5	IF UNDER 24 HRS. Hours 5 Min.
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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) Unknown	12. CITIZEN OF WHAT COUNTRY? 9
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13a. FATHER'S NAME Billie Cannon	13b. MOTHER'S MAIDEN NAME Carllice Brice	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Billie Cannon Vandalia, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) lobular pneumonia bilateral		INTERVAL BETWEEN ONSET AND DEATH 5 hours
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 (not related to the terminal disease condition given in PART I (a)) Patient diabetes 7630		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 _____ 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 Vandalia	COUNTY Mo.	STATE
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21. I attended the deceased from **12/10/58** to **12/10/58** and last saw her ^{her} alive on **12/10/58**
Death occurred **12/25 PM** m on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carawhylene Mrs (Degree or title)	22b. ADDRESS Vandalia Mo	22c. DATE SIGNED 12/11/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-11-58	23c. NAME OF CEMETERY OR CREMATORY Vandalia, Cemetary	23d. LOCATION (City, town, or county) (State) Vandalia, Mo.
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FUNERAL DIRECTOR William B Waters Vandalia Mo	ADDRESS 12-18-58	25. DATE RECD. BY LOCAL REG. Dr. Em Lucke By W. Fisher	26. REGISTRAR'S SIGNATURE
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED DEC 22 1958
MARION CO. HEALTH DEPT.
DATE FILED DEC 22 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 *William P. Waters*

Licensed Embalmer No. *4169*

P. O. Address *Vandalia*

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.