

FILED DEC 18 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 405

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri 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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Y.M.C.A.
3. NAME OF DECEASED (Type or print) First Middle Last Theodore B. Stoddard			4. DATE OF DEATH Month Day Year 11/23/1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 9, 1897
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker-Retired	11. BIRTHPLACE (City and state or country) Hannibal, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Theodore Stoddard	13b. MOTHER'S MAIDEN NAME Rose M. Smith
14. NAME OF HUSBAND OR WIFE --		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 487-24-7084
17. INFORMANT Mrs. Rose Hagan, 1108 Union, Hannibal		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive gastric intestinal hemorrhage from gastric ulcer Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chr. pyelonephritis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5400			INTERVAL BETWEEN ONSET AND DEATH 7 days 10 yrs.
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
21. I attended the deceased from Death occurred at 11/20/58 6:40 P.M.		to 11/23/58 and last saw her alive on 11/23/58 him	
22a. SIGNATURE (Degree or title) D. Walterscheid M.D.		22b. ADDRESS 508 Broadway, Hannibal, Mo.	22c. DATE SIGNED 12/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/25/1958	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Hannibal, Missouri
24. FUNERAL DIRECTOR H.M.O'Donnell, Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 12-10-1958	26. REGISTRAR'S SIGNATURE Dr. E. M. Duckley H. C. Fisher

RECEIVED DEC 16 1958
MARION CO. HEALTH DEPT.
DATE FILED DEC 16 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 *A. M. O'Rourke*

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.