

Dr. Fischer-Roller  
**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-62-043434**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 413

**FILED DEC 7 1962**

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Marion  
 c. CITY OR TOWN Hannibal Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 219 Bird Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Betty Ruth Brown  
 4. DATE OF DEATH Month Day Year NOV. 25, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH NOV. 12, 1929 9. AGE (last birthday) 33  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME Eugene Walden 13b. MOTHER'S MAIDEN NAME Nettie Matlock 14. NAME OF HUSBAND OR WIFE Gail Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Gail Brown, 219 Bird, Hannibal, Missouri 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) Terminal Carcinoma of Rectum  
 DUE TO (b) Wide Spread Metastasis  
 DUE TO (c)  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

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 Oct 16 25 AM and saw her/him alive on 25 Nov 62  
 Death occurred at 8:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Hannibal Mo. 22c. DATE SIGNED Nov 27/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 27, 1962 23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park 23d. LOCATION (City, town, or county) Hannibal, Mo.

24. FUNERAL DIRECTOR H.M.O'Donnell, Hannibal, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. Nov. 30, 1962 26. REGISTRAR'S SIGNATURE Dr. E. N. Lusche by William M. Herman

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

**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 *J. M. O'Donoghue*

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.

*Permit received 11/30/62*