

Dr. Lanning
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007656

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 209 Primary Registration District No. 304.3 Registrar's No. 70 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300 Rev. 4/59	DATE AMENDED	
1 <u>0648</u>		
2 <u>0648</u>		
3		
4 <u>1</u>		
5 <u>1</u>		
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7 <u>1</u>		
8 <u>2</u>		
<u>9422.1</u>		
10		
11		
12 <u>2-0</u>		
13 <u>1-0</u>		
	INSTEAD OF	
	SHOULD READ	
	BY AFFIDAVIT OF	

FILED MAR 4 1963

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Length of stay in 1b		c. CITY OR TOWN <u>Hannibal</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>526 E. Terrace</u>	
3. NAME OF DECEASED (Type or print) First <u>Edith</u> Middle <u>M.</u> Last <u>Mitchell</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>13</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 1, 1895</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mark Twain Hotel</u>		11. BIRTHPLACE (City and state or country) <u>Hammond, Ind.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Dan McCarthy</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Tilbe</u>	
14. NAME OF HUSBAND OR WIFE <u>George L. Mitchell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>George L. Mitchell,</u>		Address <u>526 E. Terrace, Hannibal, Mo</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular hemorrhage</u>				DUE TO (b) <u>Chronic myocarditis with decompensation</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic vascular disease with decompensation</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u>[REDACTED]</u> a.m. p.m.		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>2-3-63</u> to <u>2-13-63</u> and last saw her/him alive on <u>2-13-63</u> Death occurred at <u>6:21 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Robert J. Lanning MD</u> (Degree or title)		22b. ADDRESS <u>M.D. 115 North 5th St. Hannibal, Mo.</u>		22c. DATE SIGNED <u>2-18-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 16, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Olivet Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Hannibal, Missouri</u>		23e. NAME OF FUNERAL DIRECTOR <u>H.M.O'Donnell, Hannibal, Mo.</u>		23f. ADDRESS	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG. <u>Feb. 26, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E.M. Luecke by Lillian M. Herman</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

STATE OF MISSOURI

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 *F. M. O'Connell*

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 2/20/63