

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029222

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 267

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 30 1963

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Mo.</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 <u>Life</u>	c. CITY OR TOWN <u>Hannibal</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1120 Central Ave</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1120 Central Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Pearl</u> Middle <u>E. Maschner</u> Last <u></u>			4. DATE OF DEATH Month <u>July</u> Day <u>18</u> Year <u>1963</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 20, 82</u>	9. AGE (Last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rails Co. Mo.</u>		11. BIRTHPLACE (City and state or country) <u>USA.</u>		
13a. FATHER'S NAME <u>Madison Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor Dodge</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Maschner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes-no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Charles Hartweg - Hannibal, Mo</u> Address <u></u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Terminal Pneumonia</u>		<u>72 hours</u>
DUE TO (b) <u>Nephritis</u>		<u>15 mo.</u>
DUE TO (c) <u>Arterio Sclerosis</u>		<u>3 year</u>
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. <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></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		

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 <u>Hannibal, Mo.</u>	COUNTY <u></u> STATE <u></u>
21. I attended the deceased from <u>April 1960</u> to <u>July 18, 1963</u> and last saw her <u>alive</u> on <u>July 17, 1963</u> Death occurred at <u>6:55 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>Steven R. Miller D.O.</u>	22b. ADDRESS <u>Hannibal, Mo.</u>	22c. DATE SIGNED <u>7-20-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 20, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>
23d. LOCATION (City, town, or county) <u>Hannibal, Mo.</u>		

24. FUNERAL DIRECTOR <u>Clark Tull</u>	ADDRESS <u>Hannibal, Mo</u>	25. DATE RECEIVED BY LOCAL REG. <u>July 23, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Ruske by Debra M. Herman</u>
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DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
ITEM NO.
SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY THE BOARD

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 Raymond Clark

Licensed Embalmer No. 4217

P. O. Address Memphis, 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.

Amundson 7/23/63