

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 35980-49 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 217

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place) 0	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		d. STREET ADDRESS (If rural, give location) 1307 Ruby
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Joseph Edward b. (Middle) Sylvester c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 26, 1949		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 2 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (State or foreign country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Phillip Sylvester		13b. MOTHER'S MAIDEN NAME Pauline Lorned		14. NAME OF HUSBAND OR WIFE XX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX		16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Phillip Sylvester, Hannibal Missouri		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Left. ANTECEDENT CAUSES DUE TO (b) Pharyngitis, Acute <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 20 hours. 36 hours. 4721
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 P. , from the causes and on the date stated above.					
23a. SIGNATURE Samuel B. Landon, M.D.		23b. ADDRESS Hannibal, Missouri		23c. DATE SIGNED 30 July 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 2 '49	24c. NAME OF CEMETERY OR CREMATORY Park View Cemetery	24d. LOCATION (City, town, or county) (State) Farmington Missouri		
DATE REC'D BY LOCAL REG. July 1949	REGISTRAR'S SIGNATURE W. M. Lucke	FUNERAL DIRECTOR'S SIGNATURE W. C. Crawford	ADDRESS Hannibal 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
Student Embalmer

Signed John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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 this body is not embalmed, fact should be so stated above.