

Form No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20909

State File No. ....

FILED JUL 14 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 216

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 OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u> <u>0690</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Elizabeth Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2104 Hope St.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Belle</u> b. (Middle) <u>Nughes</u> c. (Last) <u>Grave</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>March 15 1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Barry, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Guy Lounsberry</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Holton</u>	14. NAME OF HUSBAND OR WIFE <u>John</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Gerald Crane</u>	ADDRESS <u>2104 Hope Hannibal Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pyelitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u> DUE TO (c) <u>Bronchial Asthma</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>2 1/2</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 15, 1950, to June 24, 1950, that I last saw the deceased alive on June 19, 1950, and that death occurred at 1:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Reubman M.D.</u> (Degree or title)	23b. ADDRESS <u>101 Polkway Hannibal Mo</u>	23c. DATE SIGNED <u>6/29/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-25-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-29-50</u>	REGISTRAR'S SIGNATURE <u>Dr. G. M. Linder</u>	FUNERAL DIRECTOR'S SIGNATURE <u>James O'Connell</u>	ADDRESS <u>Hannibal Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 12 1950  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 13 1950

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 Michael J. O'Connell

Licensed Embalmer No. 3246

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