

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

9279

644

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 98

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, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>0644</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>317 So HAWKINS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING Hospital</u>			
3. NAME OF DECEASED a. (First) <u>CORA</u>		b. (Middle) <u>E</u>	c. (Last) <u>ARTHUR</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>March 16, 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 4, 1872</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 1 YEAR Days <u>12</u>	IF UNDER 1 YEAR Hours <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hannibal</u>	11. BIRTHPLACE (State or foreign country) <u>0</u>	12. COUNTRY OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John T. HARROVER</u>		13b. MOTHER'S MAIDEN NAME <u>John Arthur</u>	
14. NAME OF HUSBAND OR WIFE <u>John Arthur</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mamie Keller</u>	
		ADDRESS <u>St. Louis Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio sclerotic Heart Disease</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	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) (Min.)	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 <u>March 13, 1951</u> , to <u>March 16, 1951</u> , that I last saw the deceased alive on <u>16 March 1951</u> , and that death occurred at <u>7 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. J. Keller M.D.</u>		23b. ADDRESS <u>Hannibal Mo.</u>	23c. DATE SIGNED <u>March 20/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>D</u>	24b. DATE <u>March 19, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hydesburg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Roll Co MO</u>
DATE REC'D BY LOCAL REG. <u>3-26-51</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. J. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>	ADDRESS <u>Hannibal Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 4 1951

INDIAN CO. HEALTH DEPT.

DATE FILED APR 5 1951

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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 H.M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hennipaw

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.