

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1951

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 126

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) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leveering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>612 Butler ST</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lottie</u> b. (Middle) <u>-</u> c. (Last) <u>Arnold</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 15, 1865</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>12</u> Min.
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>-</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Mixor</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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mixor Arnold 612 Butler St Hannibal MO</u>
		ADDRESS <u>612 Butler St Hannibal MO</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>		
	DUE TO (c) <u>age</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>334X</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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16-51, to 4-1, 1951, that I last saw the deceased alive on 4-1, 1951, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Anderson M.D.</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Hannibal MO</u>	23c. DATE SIGNED <u>4-6-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>4-4-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robinson 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>4-17-51</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</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

644
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RECEIVED APR 23 1951
MARION CO. HEALTH DEPT.
DATE FILED APR 24 1951

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'Donnell* _____

Licensed Embalmer No. *3246* _____

P. O. Address *Summit, 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.