

FILED JUN 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17311

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 190

0644

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Pike</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, Miss. rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u> | | d. STREET ADDRESS (If rural, give location) <u>8120 9</u> | |

| | | | | | | |
|---|----------------------------------|--|--|--|---|------------------------------|
| 3. NAME OF DECEASED a. (First) <u>Cora</u> b. (Middle) <u>Bell</u> c. (Last) <u>Ralph</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1951</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Aug. 27, 1888</u> | 9. AGE (In years last birthday) <u>62</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Mins. |
| 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 | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

| | | |
|---|---|--|
| 13a. FATHER'S NAME <u>John L. Bradley</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Morris</u> | 14. NAME OF HUSBAND OR WIFE <u>Wm. E. Ralph</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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Helenere Ralph</u> |
| | | ADDRESS <u>Pittsfield</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>Hemiplegia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|---|--|---|
| 19a. DATE OF OPERATION | 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 type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from May 27, 1951, to June 1, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | |
|-------------------------------------|--------------------------------|---|-----------------------------------|
| 23a. SIGNATURE <u>A. Traczka</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Hannibal, Missouri</u> | 23c. DATE SIGNED <u>6-4-51</u> |
|-------------------------------------|--------------------------------|---|-----------------------------------|

| | | | |
|--|----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 3, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Miller</u> | 24d. LOCATION (City, town, or county) (State) <u>Atlas Illinois</u> |
|--|----------------------------------|---|--|

| | | | |
|---|---|---|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>6-5-51</u> | REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Fisher</u> | ADDRESS <u>Hannibal Mo</u> |
|---|---|---|-------------------------------|

RECEIVED JUN 12 1951
UNION CO. HEALTH DEPT.
DATE FILED JUN 13 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.....

~~Was not embalmed, removed to Hafnagel Funeral Home Barry Ill~~
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.