

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27631**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **277**

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

1. PLACE OF DEATH
 a. COUNTY **Marion**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Hannibal**
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION **610 Walnut**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **Marion**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Hannibal 1644**
 d. STREET ADDRESS (If rural, give location) **610 Walnut St**

3. NAME OF DECEASED
 a. (First) **Mary** b. (Middle) **LaFerty** c. (Last) **Foster**

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 14, 1957

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH **April 4, 1875**

9. AGE (In years last birthday) **76**
 # MOON: **4** YEAR: **10** DAYS: **10** HOURS: **10** MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Ralls Co. Mo

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME
Henry LaFerty

13b. MOTHER'S MAIDEN NAME
Sarah Baylard

14. NAME OF HUSBAND OR WIFE
Mark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME **Marie Foster** **610 Walnut** **Hannibal Mo**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Astero sclerotic heart disease**
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.
Senility

INTERVAL BETWEEN ONSET AND DEATH
2 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4200

20. AUTOPSY?
 YES NO

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) (M.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1957, to Aug 14, 1957, that I last saw the deceased alive on August 13, 1957, and that death occurred at 2:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Robert Lanning M.D.

23b. ADDRESS
504 1/2 Blk. Bely Hannibal Mo

23c. DATE SIGNED
8/17/57

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
8-16-51

24c. NAME OF CEMETERY OR CREMATORY
St Mary Cemetery

24d. LOCATION (City, town, or county) (State)
Hannibal Marion Mo

DATE REC'D BY LOCAL REG.
8-27-51

REGISTRAR'S SIGNATURE
Dr. E. M. Lucke By W. E. Fisher

25. FUNERAL DIRECTOR'S SIGNATURE **James O'Donnell** **Hannibal Mo**

RECEIVED AUG 28 1951
MARION CO. HEALTH DEPT.
DATE FILED AUG 30 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 Harold M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hennepin 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.