

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **7**

644

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>MARION</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY <b>MARION</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>HANNIBAL</b> | c. LENGTH OF STAY (in this place)<br><b>2 YRS.</b> | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>HANNIBAL 0644</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>2230 CHESTNUT ST.</b>                     |  | d. STREET ADDRESS (If rural, give location)<br><b>0</b><br><b>2230 CHESTNUT ST.</b>  |  |

|   |                                  |  |   |   |                           |   |                           |                          |
|---|----------------------------------|--|---|---|---------------------------|---|---------------------------|--------------------------|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>JENNIE</b> b. (Middle) <b>DAVIS</b> c. (Last) <b>TREADWAY</b> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>1 - 8 - 52</b> |   |                           |   |                           |                          |
| 5. SEX<br><b>FEMALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED</b> | 8. DATE OF BIRTH<br><b>10-15-1864</b>                         | 9. AGE (In years last birthday)<br><b>87</b>                    | IF UNDER 1 YEAR<br>Months | IF UNDER 1 YEAR<br>Days                     | IF UNDER 24 HRS.<br>Hours | IF UNDER 24 HRS.<br>Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSE WIFE</b>      |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>—</b>                            |   | 11. BIRTHPLACE (State or foreign country)<br><b>CENTER, MO.</b> |                           | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b> |                           |                          |

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><b>FLOYD LAWSON</b>   | 13b. MOTHER'S MAIDEN NAME<br><b>MARY HAINES</b> | 14. NAME OF HUSBAND OR WIFE<br><b>JAMES B. TREADWAY</b><br><i>DECEASED</i>                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> <b>NONE</b> | 16. SOCIAL SECURITY NO.<br><b>—</b>             | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mary Treadway</b><br>ADDRESS<br><b>Hannibal, Mo.</b> |

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>Arteriosclerosis</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis</b><br><b>Arteriosclerosis</b> |  |   |
|   | DUE TO (c) <b>Senility</b>   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|  |  |   |
|--|--|---|
| 19a. DATE OF OPERATION                               | 19b. MAJOR FINDINGS OF OPERATION<br><b>None</b>  | 20. AUTOPSY?<br>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)<br><b>4222</b>                      |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 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 **10-31 1951**, to **1-8 1952**, that I last saw the deceased alive on **1-8 1952**, and that death occurred at **8 P.M.**, from the causes and on the date stated above.

|                                      |                                |                                      |                                    |
|--------------------------------------|--------------------------------|--------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>[Signature]</b> | (Degree or title)<br><b>MD</b> | 23b. ADDRESS<br><b>Hannibal, Mo.</b> | 23c. DATE SIGNED<br><b>1-10-52</b> |
|--------------------------------------|--------------------------------|--------------------------------------|------------------------------------|

|  |                               |  |   |
|--|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24b. DATE<br><b>1-11-1952</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>MT. OLIVER CEMETERY</b> | 24d. LOCATION (City, town, or county) (State)<br><b>HANNIBAL, MO.</b> |
|--|-------------------------------|--|---|

|  |  |   |                                 |
|--|--|---|---------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>1-11-52</b> | REGISTRAR'S SIGNATURE<br><b>Dr. E. M. Lusk</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Ray C. Clark</b> | ADDRESS<br><b>Hannibal, Mo.</b> |
|--|--|---|---------------------------------|

RECEIVED JAN 10 1952  
COMMISSION CO. HEALTH DEPT.  
DATE FILED JAN 10 1952

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 \_\_\_\_\_

Ralph Clark  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hamlet, 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.