

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32253

State File No. ....

S. No. 300  
V. 10.48

SEP 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>297</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal 0644</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>928 S Arch St</u>				d. STREET ADDRESS (If rural, give location) <u>928 S Arch St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u>		b. (Middle)		c. (Last) <u>Abby</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 8 52</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>9-18-1863</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Perry MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Jacob</u>		13b. MOTHER'S MAIDEN NAME <u>Abby</u>		14. NAME OF HUSBAND OR WIFE <u>U</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ambrose Grant 928 Arch St</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular Heart Disease</u> <u>mitral valve</u> 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410X</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 _____, 19____, to <u>9-8-</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:27</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. M. Lucke</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Hannibal MO</u>		23c. DATE SIGNED <u>9-20-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal MO</u>	
DATE REC'D BY LOCAL REG. <u>9-22-52</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo E. Roberts</u>		ADDRESS <u>Hannibal MO</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 26 1952  
MARION CO. HEALTH DEPT.,  
DATE FILED SEP 26 1952

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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 Yas E Roberts.....

Licensed Embalmer No. 2113.....

P. O. Address Hannibal 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.