S. No. 300
y. 10.48

FILED DEC 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42847

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 418

644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hannibal
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hannibal 0644
d. STREET ADDRESS (If rural, give location) West Ely Road

3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) c. (Last) Warren

4. DATE OF DEATH (Month) 12 (Day) 10 (Year) 52

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH 2-2-1876
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) Hannibal Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ed Simms
13b. MOTHER'S MAIDEN NAME Not known
14. NAME OF HUSBAND OR WIFE Jerry Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Jerry Warren West Ely Rd. ADDRESS

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c) Arteriosclerosis

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 331X
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* 12-2, 1952 *to* 12-10, 1952 *that I last saw the deceased alive on* 12-9, 1952 *and that death occurred at* 4:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Wm. A. W. Fox (Degree or title) M.D.
23b. ADDRESS Hannibal Mo
23c. DATE SIGNED 12-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 13
24c. NAME OF CEMETERY OR CREMATORY Robinson Cemetery
24d. LOCATION (City, town, or county) Hannibal (State) Mo

DATE REC'D BY LOCAL REG. 12/17/52
REGISTRAR'S SIGNATURE W C Fisher D E M Lucke Deputy
25. FUNERAL DIRECTOR'S SIGNATURE Geo. E. Roberts ADDRESS Hannibal, Mo

189-0 (Licensed Embalmer's Statement on Reverse Side) By E.F.

RECEIVED DEC 29 1952
MARION CO. HEALTH DEPT.
DATE FILED DEC 29 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 _____, Student Embalmer No. _____, working under my personal supervision.

Student .....
Student Embalmer

Signed Geo 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.