

5. No. 300
v. 10.48

FILED MAR 4 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 6867
Registrar's No. 28872

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1100 North Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Johnson</u> c. (Last) <u>Slayton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Widow of Shue Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shue mfg</u>		8. DATE OF BIRTH <u>June 18-1872</u>	
11. BIRTHPLACE (State or foreign country) <u>Hannibal, Mo</u>				9. AGE (In years: last birthday) <u>80</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				IF UNDER 1 YEAR: Months <u>8</u> Days <u>26</u>	

13a. FATHER'S NAME <u>James Johnson</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Levi H. Slayton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>490-07-7598</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lotis Slayton</u> ADDRESS <u>Muncie, Ind. 1723 Butler</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*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. <u>Arterial Sclerosis</u>		_____		_____	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2/13/53, to 2/14/53, 1953, that I last saw the deceased alive on 2/14/53, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert J. Lanning M.D.</u> (Degree or title)		23b. ADDRESS <u>Hannibal, Mo</u>		23c. DATE SIGNED <u>2/18/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 17-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>		DATE REC'D BY LOCAL REG. <u>2-24-53</u>		REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Roberts</u>		ADDRESS <u>Hannibal</u>		_____	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 3 1953
MARION CO. HEALTH DEPT.
DATE FILED MAR 3 1953

JUL 29 1953

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 Gus E. Roberts

Licensed Embalmer No. 2113

P. O. Address Nannibal 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.