

STANDARD CERTIFICATE OF DEATH

State File No. **25673**

44813-5  
FILED AUG 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **280**

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>Missouri</b> b. COUNTY <b>Marion</b> |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>   |   | c. LENGTH OF STAY (In this place)   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>   |  | <b>0644</b>                               |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>  |   |   | d. STREET ADDRESS (If rural, give location) <b>2010 Market</b>   |  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Edwin</b> b. (Middle) <b>Williamson</b> c. (Last) <b>Williamson</b>   |   |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>7-31-1953</b>   |  |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>                | 8. DATE OF BIRTH <b>7/18/1953</b>  |  | 9. AGE (In years last birthday) <b>12</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Hannibal, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |
| 13a. FATHER'S NAME <b>Victory O. Williamson</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Velma Lee</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>- - -</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT'S SIGNATURE OR NAME <b>V.O. Williamson, 2010 Market 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, ashenia, etc. It means the disease, injury, or complication which caused death.         | <p style="text-align: center;"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Heart Disease</b><br>ANTECEDENT CAUSES <b>Inter: Anomalous Septal Defect, Large</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>_____ |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION  |   |  | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <b>7543</b>                         |  |  |   |
| 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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:10a</b> m., from the causes and on the date stated above. |   |   |  |  |   |
| 23a. SIGNATURE <b>Ramel B. Landon, M.D.</b> (Degree or title)  |   |   | 23b. ADDRESS <b>Hannibal, Mo.</b>  |  | 23c. DATE SIGNED <b>8/3/53</b>            |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 24b. DATE <b>8/31/53</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Grand View Burial Park Hannibal, Mo.</b>      |  | 24d. LOCATION (City, town, or county) (State)                                    |   |
| DATE REC'D BY LOCAL REG. <b>8/3/53</b>   | REGISTRAR'S SIGNATURE <b>Dr E M Lucke</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>H M O'Donnell</b> ADDRESS <b>Hannibal Mo</b>   |  |   |

RECEIVED AUG 10 1953  
MARION CO. HEALTH DEPT.  
DATE FILED AUG 12 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 \_\_\_\_\_

*H.M. O'Donnell*

Licensed Embalmer No. 3889

P. O. Address Marion, 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.