

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 304.3 Registrar's No. 32

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| 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 (If outside corporate limits, write RURAL and give town) <u>Hannibal</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>1412 Lindell Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1412 Lindell Ave.</u> | | | |

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|-------------------------------------|------------------------|-----------------------|------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Mary</u> | b. (Middle) <u>M.</u> | c. (Last) <u>Jones</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>1-28-54</u> |

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|----------------------|-------------------------------|---|-----------------------------------|---|-----------------------------------|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>2/29/1880</u> | 9. AGE (In years last birthday) <u>73</u> | 10. UNDER 1 YEAR Months <u>11</u> | 11. UNDER 12 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Montgomery Co., Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Charles Morgan</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Clark</u> | 14. NAME OF HUSBAND OR WIFE <u>Marion E. Jones</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Marion E. Jones, 1412 Lindell</u> | ADDRESS <u></u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION <u>Hannibal, Mo.</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart</u> | | <u>8</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Stenoplegia</u> | | <u>8</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>158</u> | | | |

| | | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4/200</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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|---|--|----------------------------|
| 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? |
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22. I hereby certify that I attended the deceased from 1-27-1954 to 1-28-1954, that I last saw the deceased alive on 1-27-1954, and that death occurred at 5:30 P.M. from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Michael J. O'Donnell</u> (Degree or title) | 23b. ADDRESS <u>Hannibal Mo</u> | 23c. DATE SIGNED <u>2-3-54</u> |
|--|---------------------------------|--------------------------------|

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|---|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/1/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Pk</u> | 24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>2-3-54</u> | REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. O'Donnell</u> | ADDRESS <u>Hannibal Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 12 1964
MARION CO. HEALTH DEPT.
DATE FILED FEB 12 1964

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

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.