

Mansphing

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5474

BIRTH NO. FILED MAR 12 1954 REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 3043 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If rural, give location) 605a Lyon Street			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) W.		c. (Last) Wayne	
4. DATE OF DEATH (Month) (Day) (Year) 2/23/54		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4/10/1876		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Quincy, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Abraham Wayne		13b. MOTHER'S MAIDEN NAME Mary Conley	
14. NAME OF HUSBAND OR WIFE May Ann		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Cheek		18. ADDRESS 605a Lyon		19. MEDICAL CERTIFICATION Hannibal, Mo.	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of bladder		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 181X	
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 10/3/1950, to 2/23/1954, that I last saw the deceased alive on Feb. 22, 1954, and that death occurred at 3:30A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Mansphing M.D.		23b. ADDRESS Hannibal, Missouri		23c. DATE SIGNED 2/1/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/27/54		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	
24d. LOCATION (City; town, or county) Hannibal, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE J.M. O'Donnell		24f. ADDRESS Hannibal, Mo.	
DATE REC'D BY LOCAL REG. 3/1/54		REGISTRAR'S SIGNATURE J.B. M. Lucke deputy		187 - (Licensed Embalmers' Statement on Reverse Side)	

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

RECEIVED **MAR 10 1934**  
MARION CO. HEALTH DEPT.  
DATE FILED **MAR 10 1934**

**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 *J. M. O'Donnell*

Licensed Embalmer No. *3889*

P. O. Address *Harmon, 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.