

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9420

State File No. ....

BIRTH NO. FILED APR 1 1954 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 875

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 town) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township). Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION 507 No. 5th St.,		d. STREET ADDRESS (If rural, give location) 1906 W. Gordon	

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Tuggle c. (Last) Tuggle			4. DATE OF DEATH (Month) (Day) (Year) 3-20-54		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/19/1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 7
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 (State or foreign country) Vandalia, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Unknown		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.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Pen Willett		18. ADDRESS 1906 W. Gordon			

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) Cerebral Hemorrhage		MEDICAL CERTIFICATION Hannibal, Mo.		INTERVAL BETWEEN ONSET AND DEATH 8 days	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Age-Exhaustion		DUE TO (c)			
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"/>		331X	

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 2-13-1954, to 3-20-1954, that I last saw the deceased alive on 3-13-1954, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE W.P. Perry M.D.		23b. ADDRESS Hannibal Mo.		23c. DATE SIGNED 3-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/22/54		24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	
24d. LOCATION (City, town, or county) (State) Vandalia, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE W.M. O'Donnell		24f. ADDRESS Hannibal Mo.	

DATE REC'D BY LOCAL REG. 3/26/54		REGISTRAR'S SIGNATURE D.C. Muehlenberg		25. FUNERAL DIRECTOR'S SIGNATURE W.M. O'Donnell		ADDRESS Hannibal Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED **MAR 31 1954**  
MARION CO. HEALTH DEPT.  
DATE FILED **MAR 31 1954**

**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 *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.