

FILED MAY 10 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 12708

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 124

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 OR TOWN Hannibal		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		d. STREET ADDRESS (If rural, give location) 714 Wilson					
d. FULL NAME OF HOSPITAL OR INSTITUTION 714 Wilson				d. STREET ADDRESS (If rural, give location) 714 Wilson							
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Wallace c. (Last) Sterns			4. DATE OF DEATH (Month) (Day) (Year) 4-22-54								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 10/15/1876					
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR 6 Months		IF UNDER 24 HRS. Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Lincoln Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Edward Sterns			13b. MOTHER'S MAIDEN NAME Mary Swager			14. NAME OF HUSBAND OR WIFE Katherine					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Catherine Lawless, 609 S. Main				ADDRESS			
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 Hannibal, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Spiral without Medical Attention</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>found dead on the floor of his home. 4-25-54 - 10:30 AM.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) Hannibal		(COUNTY)		(STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <i>J. M. O'Donnell</i> (Degree or title) <i>CORONER</i>				23b. ADDRESS Hannibal Mo				23c. DATE SIGNED 4/27/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/27/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) Hannibal, Mo. (State)					
DATE REC'D BY LOCAL REG. 4/28/54		REGISTRAR'S SIGNATURE <i>H. C. Fisher</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Michael J. O'Donnell</i>		ADDRESS Hannibal Mo					

(Licensed Emballer's Statement on Reverse Side)

RECEIVED BY THE DIVISION OF HEALTH SERVICES

RECEIVED MAY 5 1964  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 5 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'Connell

Licensed Embalmer No. 5246

P. O. Address Hannibal Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.