

STANDARD CERTIFICATE OF DEATH

41703

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 2043 Registrar's No. 397

1. PLACE OF DEATH  
a. COUNTY Marion  
b. CITY (If outside corporate limits, write RURAL and give town or township) Hannibal  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION Davis Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Marion  
c. CITY (If outside corporate limits, write RURAL and give town or township) Hannibal  
d. STREET ADDRESS (If rural, give location) Davis Rest Home 1125 Lynn

3. NAME OF DECEASED  
a. (First) Walter b. (Middle) Edmond c. (Last) Constable

4. DATE OF DEATH 12-9-54

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 8/1/1872 9. AGE (In years last birthday) 82

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Issac Constable

13b. MOTHER'S MAIDEN NAME Martha Bell

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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 Ethel Copenhaver ADDRESS 1000 Ely, Hannibal

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Severe Dementia  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) arterio sclerosis of brain vessels  
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  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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

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 12-9, 1954, and that death occurred at 9:31P m., from the causes and on the date stated above.

23a. SIGNATURE Dr. E. M. Lucke (Degree or title) M.D.

23b. ADDRESS Hannibal, Mo.

23c. DATE SIGNED 12-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/11/54

24c. NAME OF CEMETERY OR CREMATORY Riverside

24d. LOCATION (City, town, or county) (State) Hannibal, Mo.

DATE REC'D BY LOCAL REG. 12-28-54 REGISTRAR'S SIGNATURE Dr. E. M. Lucke by W. Fisher

25. FUNERAL DIRECTOR'S SIGNATURE A. M. O'Donnell ADDRESS Hannibal Mo.

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

444  
4

FILED JAN 3 1955

DEC 30 1954

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED DEC 30 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

working under my personal supervision.

Student Embalmer No.....

Signed J.M. O'Connell

Signed.....  
Student Embalmer

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.