

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

22892

State File No.

FILED AUG 9 - 1955

BIRTH NO. _____ REG. DIST. NO. 289 PRIMARY REG. DIST. NO. 3043 Registrar's No. 228

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Marion</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Home</u>		e. STREET ADDRESS (If rural, give location) <u>Masonic Home 0647</u>	
3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) <u>ANNIE</u>		(Month) (Day) (Year)	
b. (Middle)		DEATH <u>7-29-55</u>	
c. (Last) <u>ROBINSON</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
		<u>unknown</u>	
9. AGE (In years last birthday) <u>about 88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>9</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
		<u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Alva McDaniel</u>		ADDRESS <u>Masonic Home</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>heart stroke</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart disease</u>		?	
DUE TO (c) <u>4/341F</u>			
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.)	
		<u>Hannibal, Missouri, Mo.</u>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>7/29/55</u>, 19____, and that death occurred at <u>2:30 A.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John H. Watuschek M.D.</u>		23b. ADDRESS <u>508 Broadway, Hannibal</u>	
23c. DATE SIGNED <u>8-2-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug. 2</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bonnie Terri</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-5-55</u>		REGISTRAR'S SIGNATURE <u>D. Embrey By Watuschek</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo E Roberts</u>		ADDRESS <u>Hannibal Mo</u>	

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

No. 300
10-48

RECEIVED AUG 8 - 1955
MARION CO. HEALTH DEPT.
DATE FILED AUG 8 1955

AUG 25 1955

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. 2113 working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Geo E Roberts

Licensed Embalmer No.....

P. O. Address Hannibal

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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