No. 300
10.48

FILED SEP 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26973

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3029 3043 Registrar's No. 250

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 209 N. Pine St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 209 N. Pine St 0640

3. NAME OF DECEASED (Type or Print)
a. (First): Eliza
b. (Middle): Partlow
c. (Last): Abbey

4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 55

5. SEX 3: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, ~~DIVORCED~~ (Specify) 3
8. DATE OF BIRTH: Dec. 28-1896
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Rensselaer, Mo 0
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Abe Abbey
13b. MOTHER'S MAIDEN NAME: Estella Wheeler
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)
16. SOCIAL SECURITY NO.: 490-07-4803
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ruth, Abbey, 209 N. Pine St

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Died without Medical

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) attention
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 7955
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) m.
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 _____, 19___, and that death occurred at 10:25 a m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. M. O'Donnell Coroner
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 8/22/55

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
24b. DATE: Aug. 19-'55
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Robinson
24d. LOCATION (City, town, or county) (State): Hannibal Mo

DATE REC'D BY LOCAL REG.: 8/22/55
REGISTRAR'S SIGNATURE: Dr E M Luke By W C Fisher 189-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Geo E Roberts Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 3 1 1955
MARION CO. HEALTH DEPT.
DATE FILED AUG 3 1 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo E Roberts

Licensed Embalmer No. 211

P. O. Address Hannibal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.