

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9817

State File No. ....

FILED MAR 26 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <p align="center">Marion</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Marion</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Hannibal</p>		c. CITY OR TOWN <p align="center">Hannibal</p>		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 <p align="center">Levering Hospital</p>		e. STREET ADDRESS (If rural, give location) <p align="center">735 Bridge Street</p>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amy Leone</u> b. (Middle) <u>Van</u> c. (Last) <u>Houten</u>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">March 5, 1956</p>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 11, 1888</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) / <u>East Hannibal Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Benton DeLong</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Beasley</u>	14. NAME OF HUSBAND OR WIFE <u>Charles W. Van Houten</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u>	16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles W. VanHouten</u>	ADDRESS <u>Hannibal Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subar P meningitis</u>		DUE TO (b) <u>Cerebral Apoplexy</u>		<u>2 yrs</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 <p align="center">334X</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 3, 1956 to March 5, 1956, that I last saw the deceased alive on March 5, 1956, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Just A. DeSty</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>3-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/8/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/16/56</u>	REGISTRAR'S SIGNATURE <u>W. B. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Lucke</u>	ADDRESS <u>Hannibal Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 24 1956

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED MAR 24 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W Crawford Smith*

Licensed Embalmer No. 30

P. O. Address Hannibal, Mo.

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