

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21184**  
Registrar's No. **230**

FILED JUL 13 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

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

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <b>Missouri</b> c. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b>	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 <b>Riverview Lodge Rest. Home</b>		e. STREET ADDRESS (If rural, give location) <b>Riverview Lodge Rest Home</b>	

3. NAME OF DECEASED (Type or Print) <b>Ella M. Brown</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>July 2, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>August 1, 1869</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>11</b>	IF UNDER 24 HRS. Hours <b>1</b>	10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Invalid</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>No record</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Dan Manning</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah</b>	14. NAME OF HUSBAND OR WIFE <b>A. A. Brown</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Effie Anderson</b>	ADDRESS <b>Hannibal Missouri</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis</b>		
	ANTECEDENT CAUSES <b>Atherosclerosis</b>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
		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 <b>4500</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **1940** to **7-2**, 1956 that I last saw the deceased alive on **6-30, 1956** and that death occurred at **7:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Adesty</b> (Deceased or title)	23b. ADDRESS <b>Hannibal MO</b>	23c. DATE SIGNED <b>7-5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/5/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-9-56</b>	REGISTRAR'S SIGNATURE <b>Dr. E. M. Bucke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Tucker</b>	ADDRESS <b>Hannibal Missouri</b>
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RECEIVED JUL 12 1956  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 12 1956

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.....  
Signature of Student Embalmer

Signed *H. Crawford Smith*

Licensed Embalmer No....7814..

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.