

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24416

State File No.

FILED AUG TO 1956

 BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY OR TOWN Shelbina	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) D O A		e. STREET ADDRESS (If rural, give location) 10201	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			
3. NAME OF DECEASED a. (First) Daniel b. (Middle) Walker c. (Last) Roads		4. DATE OF DEATH (Month) (Day) (Year) August 4, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 22, 1895
9. AGE (In years Last birthday) 60		IF UNDER 1 YEAR Months 9 Days 12	IF UNDER 24 HRS. Hours 12 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Clark Theater	11. BIRTHPLACE (City and State or Foreign Country) Pittsfield Illinois
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Walker Roads		13b. MOTHER'S MAIDEN NAME Mae	14. NAME OF HUSBAND OR WIFE Lavina Ethel Roads
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W I		16. SOCIAL SECURITY NO. 493-07-1061	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Daniel Walker Roads, Shelbina Mo.
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) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 hour ANTECEDENT CAUSES 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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <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 <u>8-4-56</u> Only, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE A. Green M.D. (Degree or title)		23b. ADDRESS 100 N 6th	23c. DATE SIGNED Aug 4 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/7/56	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Pittsfield Illinois
DATE REC'D BY LOCAL REG. 8/6/56	REGISTRAR'S SIGNATURE W. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hannibal Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED AUG 8 1956
MARION CO. HEALTH DEPT.
DATE FILED AUG 8 1956

1956 9 8 NMP

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.. 3814.....

P. O. Address... Hannibal Misso

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.