

FILED AUG 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24424**

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	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) <u>7/13/56</u>		e. STREET ADDRESS (If rural, give location) <u>804 Birch Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			

3. NAME OF DECEASED (Type or Print)
a. (First) EFFIE VIOLA b. (Middle) YOUNT c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year)
July 24, 1956

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced 8. DATE OF BIRTH 1884
January 12, 1884 9. AGE (In years last birthday) 72 6 Months 6 Days 12 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country)
Monroe County Missouri 12. CITIZEN OF WHAT COUNTRY?
U S A

13a. FATHER'S NAME John A. Aylor 13b. MOTHER'S MAIDEN NAME Bunea Vista Turnbaugh 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. X 17. INFORMANT'S SIGNATURE OR NAME Mrs. Allen Harvey ADDRESS Oakwood Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 4 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES _____ DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ 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 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)
331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 July 20, 1956, to July 24, 1956, that I last saw the deceased alive on July 24, 1956, and that death occurred at 6:00P m., from the causes and on the date stated above.

23a. SIGNATURE W. P. Birney (Degree or title) M.D. 23b. ADDRESS Hannibal Mo 23c. DATE SIGNED 7-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/26/1956 24c. NAME OF CEMETERY OR CREMATORY St. Judes 24d. LOCATION (City, town, or county) (State)
Monroe City Missouri

DATE REC'D BY LOCAL REG. 7/26/56 REGISTRAR'S SIGNATURE Or Embucker By J.C. Fisher 25. FUNERAL DIRECTOR'S SIGNATURE J. Crawford Smith ADDRESS Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

89-0

RECEIVED JUL 31 1956
MARION CO. HEALTH DEPT.
DATE FILED JUL 31 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 *W. Crawford Smith*.....

Licensed Embalmer No. 7814.....

P. O. Address Hannibal Missouri.....

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.