Health, Welfare Public Service

300 1-56

Roller

FILED SEP 20 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31381

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 314

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Elizabeth Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Hannibak — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1019 So ?Arch — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: George Middle: Last: Brothers

4. DATE OF DEATH Month Day Year: September 9, 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12 April 1883

9. AGE (In years last birthday): 73

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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Ralls County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Brothers

14. MOTHER'S MAIDEN NAME: Fannie Powell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs.Leona Stone, Hannibal, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 332X

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-8-56, to 9-9-56 and last saw her/him alive on 9-9-56

Death occurred at 9:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD

22b. ADDRESS Hannibal Mo

22c. DATE SIGNED Sept 12/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-11-56

23c. NAME OF CEMETERY OR CREMATORY: Centenary Cemetery

23d. LOCATION (City, town, or county) (State): Ralls County, Missouri

24. FUNERAL DIRECTOR: F M O'Donnell

ADDRESS: Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.: 9-12-56

26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. Fisher

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED SEP 19 1956
MARION CO. HEALTH DEPT
DATE FILED SEP 19 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal

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