

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. All service. 0-56. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Dr. Green

STANDARD CERTIFICATE OF DEATH

34766  
STATE FILE NUMBER

FILED NOV 13 1956

Registration District No. 219 Primary Registration District No. 3043 Registrar's No. 393

1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>217 So. 8th</b>			Length of stay in lb			d. STREET ADDRESS (If outside, give location) <b>217 So. 8th</b>	
3. NAME OF DECEASED (Type or print) <b>Odessa</b>		First <b>Odessa</b>		Middle <b>Iva</b>		Last <b>Clifton</b>	
4. DATE OF DEATH <b>11-3-56</b>		Month <b>11</b>		Day <b>3</b>		Year <b>56</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>11/22/1921</b>	
9. AGE (In years last birthday) <b>34</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Pike County, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Curtis Haynes</b>				14. MOTHER'S MAIDEN NAME <b>Opal Hatkins</b>			
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.		17. INFORMANT Address <b>Carl W. Clifton, 217 S. 8th., Hannibal</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma Small Bowel</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 years.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>Pancreatic insufficiency and Fibrosis 152X</b>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/>		NOT WHILE AT WORK <input type="checkbox"/>		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 <b>2-7-47</b> to <b>11-3-56</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>11-3-56</b> Death occurred at <b>9:15 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>H. L. Greene M.D.</b>				22b. ADDRESS <b>100 N. Sixth Hannibal, Mo.</b>		22c. DATE SIGNED <b>11-7-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/6/56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Hannibal, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>H. M. O'Donnell Hannibal, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>11/7/56</b>		26. REGISTRAR'S SIGNATURE <b>H. M. Luck By H. C. Fisher</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 9 1956  
MARION CO. HEALTH DEPT.  
DATE FILED NOV 9 1956

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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..... *A. M. O'Donnell*

Licensed Embalmer No. .... 38

P. O. Address Hannibal

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.