THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 5 - 1956

STATE FILE NUMBER 34798

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 371

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) Residence 1411 Fulton — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Hannibal 0644 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1411 Fulton — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Bertha McKane Taylor

4. DATE OF DEATH Month Day Year: October 24, 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: March 7, 1890

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 7, Days 17 — IF UNDER 24 HRS.: 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 country): Macon County Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Louis McKane

14. MOTHER'S MAIDEN NAME: Lydia Ricket

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. Vernon Hayden Hannibal Missouri

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 Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

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(a): Diabetes Mellitus 331X

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 4-14-50, to 10-24-56 and last saw her/him alive on 10-24-56

Death occurred at 1:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H L Greene (Degree or title) M. D.

22b. ADDRESS 100 N. Sixth, Hannibal, Mo.

22c. DATE SIGNED 10-26-56

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

23b. DATE: 10/25/56

23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet

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

24. FUNERAL DIRECTOR: Kearney & Smith — ADDRESS: Hannibal Missouri

25. DATE RECD. BY LOCAL REG.: 10-29-56

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

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 2 1956
MARION CO. HEALTH DEPT.
DATE FILED NOV 2 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No....454

P. O. Address Hannibal Mi

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.