

FILED DEC 10 1956

Registration District No. 209Primary Registration District No. 3043Registrar's No. 422

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Marion</b>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>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<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Hannibal</b>                                     |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>905a Reservoir</b>   |                               | Length of stay in 1b  | d. STREET ADDRESS <b>905a Reservoir</b> (If outside, give location) |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                               | 4. DATE OF DEATH <b>11-28-56</b>  |   |
| 3. NAME OF DECEASED (Type or print)<br><b>Mary</b> First <b>Francis</b> Middle <b>O'Neill</b> Last  |                               | 4. DATE OF DEATH <b>11-28-56</b>  |   |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>5/1/1871</b>                                    |
| 9. AGE (In years last birthday) <b>85</b>   |                               | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>               |   |
| 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>Meadville, Mo.</b>    |
| 13. FATHER'S NAME <b>John McNicholas</b>  |                               | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |   |
| 14. MOTHER'S MAIDEN NAME <b>Bridget -</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 <b>Mr. Edward O'Neill, 905a Reservoir</b>   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b> |                               | INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                               | DUE TO (b) <b>Generalized Arteriosclerosis and</b>  |   |
|   |                               | DUE TO (c) <b>Hypertensive heart disease</b>  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)                            |                               | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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<br>Hour <input type="checkbox"/> Month, Day, Year<br>a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>                      |                               |   |   |
| 20d. INJURY OCCURRED<br>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>August 1956 to November 1956</b>  |                               | I last saw her alive on <b>Nov. 28-1956</b>   |   |
| Death occurred at <b>11:46 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.                                      |                               |   |   |
| 22a. SIGNATURE <b>E. J. Porter</b> (Degree or title)  |                               | 22b. ADDRESS <b>412 Center St. Hannibal, Mo.</b>  |   |
| 22c. DATE SIGNED <b>11/30/56</b>  |                               |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                               | 23b. DATE <b>12/1/56</b>  |   |
| 23c. NAME OF CEMETERY OR CREMATORY <b>St. Michael's Cemetery</b>  |                               | 23d. LOCATION (City, town, or county) (State) <b>Brookfield, Missouri</b>   |   |
| 24. FUNERAL DIRECTOR <b>A. M. O'Donnell</b>   |                               | ADDRESS <b>Hannibal, Mo.</b>  |   |
| 25. DATE RECD. BY LOCAL REG. <b>11-30-56</b>  |                               | 26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Tucker by W. C. Fisher</b>   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DEC 7 1956  
MARION CO. HEALTH DEPT,  
DATE FILED DEC 7 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 ex-  
posed to the elements by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. M. O'Donnell*.....

Licensed Embalmer No... 388

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.