

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **1998**

FILED JAN 31 1957

Registration District No. **209** Primary Registration District No. **3043** Registrar's No. **31**

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Hannibal Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 064 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence 203 North Fourth | | d. STREET ADDRESS (If outside, give location) 203 North Fourth Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|---|----------------------------------|--|---|---|---|
| 3. NAME OF DECEASED (Type or print) ELLA FARRELL BURGLE First Middle Last | | | 4. DATE OF DEATH January 22, 1957 Month Day Year | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH November 6, 1870 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months 2 Days 15 |
| 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) Monroe County Missouri | |
| 13. FATHER'S NAME James R. Farrell | | | 14. MOTHER'S MAIDEN NAME Cassie McGee | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Mrs. Lillian Alexander Hannibal Missouri | |

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|---|--|---|
| 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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) high blood pressure DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 331x | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
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|--|--|--|--|---|--------------------------------------|
| 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 _____ Month _____ Day _____ a. m. _____ p. m. _____ | | | | | |
| 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 Jan 17, 1957 to Jan 22, 1957 and last saw her/him alive on Jan 22, 1957 Death occurred at 1:55 A. _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Lillian Alexander</i> | | | 22b. ADDRESS 205 N 4th, Hannibal, Missouri | | 22c. DATE SIGNED 1-23-1957 |

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|---|-----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1/24/57 | 23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery | 23d. LOCATION (City, town, or county) (State) Clarence Missouri |
| 24. FUNERAL DIRECTOR ADDRESS <i>W. H. ...</i> Hannibal Missouri | | 25. DATE RECD. BY LOCAL REG. 1-23-57 | 26. REGISTRAR'S SIGNATURE <i>Dr. E. M. ...</i> |

(Licensed Embalmer's Statement on Reverse Side)

hh, affare, ilic, vice, 00, 56, 00, 56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

89-6

RECEIVED JAN 29 1957

MARION CO. HEALTH DEPT.

DATE FILED JAN 29 1957

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 *John S. W. Con*.....
Licensed Embalmer No...4540

P. O. Address Hannibal Mi

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.