

health, Welfare, Public Service
 300
 1-56
 ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Coroner, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 1879-0

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5529

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hannibal</u>		Inside Limits Yes # No <input type="checkbox"/>		c. CITY OR TOWN <u>Hannibal</u> <u>0644</u>		Inside Limits Yes # No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2644 Market St</u>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>2644 Market St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Louisa</u> Middle <u>Jane</u> Last <u>Moore</u>				4. DATE OF DEATH Month <u>January</u> Day <u>27</u> Year <u>1957</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> <u>2</u>		8. DATE OF BIRTH <u>3 August 1862</u>		9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Rolls County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13. FATHER'S NAME <u>Simeon Epperly</u>						14. MOTHER'S MAIDEN NAME <u>Louisa Jane Webb</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---				16. SOCIAL SECURITY NO. --		17. INFORMANT Address <u>Mrs. Martin Lawrence, Hannibal, Mo.</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arterial Hypertension</u> DUE TO (c) <u>of</u>										INTERVAL BETWEEN ONSET AND DEATH <u>6-7 AM</u> <u>5-6 PM</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>443X</u>										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.) <u>2</u>										
20c. TIME OF INJURY Hour <u>11:00 AM</u> a. m. <u>00</u> p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Hannibal, Mo</u>										
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Hannibal</u>			COUNTY <u>Marion</u>			STATE <u>Missouri</u>				
21. I attended the deceased from <u>Dec 1956</u> to <u>Jan 27-1957</u> and last saw her alive on <u>Dec 1956</u> Death occurred at <u>11:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Dr. H. A. Lester, M.D.</u> (Degree or title)						22b. ADDRESS <u>Hannibal, Mo</u>			22c. DATE SIGNED <u>Dec 1956</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-31-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Hannibal, Marion, Missouri</u>					
24. FUNERAL DIRECTOR <u>L. M. O'Donnell</u> ADDRESS <u>Hannibal, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2/14/57</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke, Reg. H. C. Fisher</u>							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED MAR 1 1957
MARION CO. HEALTH DEPT.,
DATE FILED MAR 1 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 *N. 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.