

FILED NOV 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36649

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 424

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) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence 1709 E. Gordon</u>			Length of stay in 1b	d. STREET (If outside, give location) ADDRESS <u>1709 E. Gordon</u>	
3. NAME OF DECEASED (Type or print) <u>ALICE H. ROBERTS</u>			First Middle Last	4. DATE OF DEATH <u>October 25, 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"/>	8. DATE OF BIRTH <u>March 24, 1864</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Month <u>7</u> Days <u>3</u> Hours <u></u> Min. <u></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>Winning Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13. FATHER'S NAME <u>James Mason</u>			14. MOTHER'S MAIDEN NAME <u>Lucinda Schoaland</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Herbert Turner Hannibal Missouri</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>Exhaustion</u> DUE TO (b) <u>Senility (age 93)</u> DUE TO (c) <u>-</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
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 <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Oct 17-57</u> to <u>Oct 17-57</u> and last saw her alive on <u>Oct 17-57</u> Death occurred at <u>7:42 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>A. P. Birney M.D.</u> (Degree or title)			22b. ADDRESS <u>Hannibal Mo.</u>		22c. DATE SIGNED <u>10-26-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10/28/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Clark Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Hannibal Marion Mo.</u>		
24. FUNERAL DIRECTOR <u>W. Crawford Smith</u> ADDRESS <u>Hannibal Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10/29/57</u>	26. REGISTRAR'S SIGNATURE <u>St. Clair Luke, Jr. M.D. Fisher</u>		

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

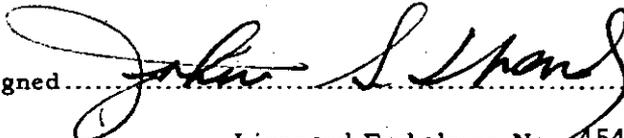
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED NOV 5 1957
MARION CO. HEALTH DEPT.
DATE FILED NOV 5 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.....


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.