

FILED NOV 18 1957

Registration District No. 209 Primary Registration District No. 5764 Registrar's No. 46

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>Palmyra</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Maple Lawn Rest</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>713 S. Hayden</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>W.</u> Last <u>Biddle</u>				4. DATE OF DEATH Month <u>10</u> Day <u>29</u> Year <u>57</u>									
5. SEX <u>Male</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>2/22/1873</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Repairman (Retired)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. & Q.</u>		11. BIRTHPLACE (City and state or country) <u>Pike Co., Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Joseph Biddle</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth -</u>				14. NAME OF HUSBAND OR WIFE <u>Lucy Ann Biddle</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.		17. INFORMANT Address <u>Chester Biddle, 713 S. Hayden</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>Chc. Myocarditis</u>								Hannibal, Mo.				INTERVAL BETWEEN ONSET AND DEATH <u>July 1957</u>	
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) <u>Fractured left hip, non-union</u> <u>4222F</u>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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, Year a.m. p.m.			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 <u>Hannibal</u>			COUNTY <u>Marion</u>		STATE <u>Mo.</u>					
21. I attended the deceased from <u>7/1/57</u> to <u>7/23/57</u> and last saw her alive on <u>7/23/57</u> Death occurred at <u>2:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Dr. Walterscheid M.D.</u> (Degree or title)						22b. ADDRESS <u>Hannibal Mo.</u>			22c. DATE SIGNED <u>11/2/57</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/3./57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hope Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Ralls County, Mo.</u>						
24. FUNERAL DIRECTOR <u>H.M. O'Donnell, Hannibal, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-7-57</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Luche</u> <u>By Viola Green, Deputy</u>					

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

890

RECEIVED NOV 15 1957
MARION CO. HEALTH DEPT.
DATE FILED NOV 15 1957

FEB - 7 - 1958

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 *J. M. O'Donnell*

Licensed Embalmer No. 3889

P. O. Address.....Hannibal, Mo.

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.