Dr. Canella

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002099

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 209 Primary Registration District No. 3643 Registrar's No. 17

Health, Welfare Public Service

300 1-57

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 [X] No [ ]	c. CITY OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Elizabeth — Length of stay in lb	d. STREET ADDRESS (If outside, give location): 713 S. Hayden St. — Reside on Farm: Yes [ ] No [X]

0644

3. NAME OF DECEASED (Type or print) First: Chester Middle: C. Last: Biddle		4. DATE OF DEATH Month Day Year: January 16, 1959	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: April 4, 1901
9. AGE (In years last birthday): 57	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bagger Operator	10b. KIND OF BUSINESS OR INDUSTRY: Marblehead Lime	11. BIRTHPLACE (City and state or country): Busch Station, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Geroge W. Biddle	13b. MOTHER'S MAIDEN NAME: Lucy Ann McGee	14. NAME OF HUSBAND OR WIFE: Hazel Biddle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO	16. SOCIAL SECURITY NO.: 486-14-1550	17. INFORMANT Address: Mrs. Hazel Biddle, 713 S. Hayden Hannibal, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pneumonia	5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Aplastic anemia	3 months
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 2900

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 14, 1959, to Jan 16, 1959 and last saw her him alive on Jan 16, 1959

Death occurred at 4:17 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jm Canella M.D.	22b. ADDRESS: 707 Bdwy, Hannibal, Mo.	22c. DATE SIGNED: 1-19-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan. 18, 1959	23c. NAME OF CEMETERY OR CREMATORY: Hope Cemetery
23d. LOCATION (City, town, or county) (State): Ralls County, Mo.		
24. FUNERAL DIRECTOR ADDRESS: H.M. O'Donnell, Hannibal, Mo.	25. DATE RECD. BY LOCAL REG.: 1-22-59	26. REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W. Ehrher

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

RECEIVED JAN 2 6 1959
MARION CO. HEALTH DEPT.
DATE FILED [illegible]

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 [illegible]

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.