

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1882**

FILED JAN 24 1949

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| BIRTH NO. _____ | | REG. DIST. NO. <u>209</u> | | PRIMARY REG. DIST. NO. <u>3043</u> | | Registrar's No. <u>16</u> | |
| 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, write RURAL and give township) OR TOWN <u>Hannibal</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal Mo</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>556 FLORA AVE</u> | | | | d. STREET ADDRESS (If rural, give location) <u>556 FLORA AVE</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u> | | b. (Middle) | | c. (Last) <u>Watts</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14. 1949</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>April 18, 1859</u> | |
| 9. AGE (In years last birthday) <u>89</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Florida, Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME <u>George Hancock</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u> | | 14. NAME OF HUSBAND OR WIFE <u>Marcus</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eugene Smith</u> ADDRESS <u>Hannibal Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-vascular</u> DUE TO (c) <u>Thrombotic Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u> <u>5 yrs</u> <u>10 yrs</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Joe Landham</u> (Degree or title) | | | | 23b. ADDRESS <u>1001 Broadway</u> | | 23c. DATE SIGNED <u>1/15/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-17-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) <u>Quincy City Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>1-17-49</u> | | REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u> <u>169</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> ADDRESS <u>Hannibal Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

George R. Mager Jr.
working under my personal supervision.

Student Embalmer No. 497

Signed Michael J. Donnell

Signed
Student Embalmer

Licensed Embalmer No. 3246

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 this body is not embalmed, fact should be so stated above.