

No. 30
10. 48

FILED OCT 26 1949

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34498

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 373

1. PLACE OF DEATH
 a. COUNTY Marion
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 800 Ben Lomond

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Marion
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal
 d. STREET ADDRESS (If rural, give location) 800 Ben Lomond

3. NAME OF DECEASED (Type or Print)
 a. (First) Louisa Garnett Anderson b. (Middle) Matthews c. (Last) (Lutie)
 4. DATE OF DEATH (Month) (Day) (Year) October 11, 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 12, 1874 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 4 IF UNDER 24 HRS. Hours 29 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) Marion County Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Anderson 13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Brown 14. NAME OF HUSBAND OR WIFE Preston V. Matthews

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. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Preston V. Matthews Hannibal Missouri

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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
 ANTECEDENT CAUSES Senility
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS Senility
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct 10th, 1949, to Oct 11, 1949, that I last saw the deceased alive on Oct 11, 1949 and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Hopkins, D.O. 23b. ADDRESS 21203 S. 6th Hannibal, Mo. 23c. DATE SIGNED 10/12/49

24a. BURIAL CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/13/49 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 24d. LOCATION (City, town, or county) (State) Palmyra Missouri

DATE REC'D BY LOCAL REG. 10-12-49 REGISTRAR'S SIGNATURE Dr. E. M. Lucke 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Deputy W. Crawford Smith Hannibal Missouri

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

5. J. C. Hopkins

RECEIVED OCT 22 1949
MARION CO. HEALTH DEPT.
DATE FILED OCT 25 1949

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.

Signed John S. Ward

Signed
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.