

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

441732

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>458</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL</u> b. COUNTY <u> Pike</u>			
b. CITY OR TOWN <u>Harribal</u>		c. LENGTH OF STAY (in this place) <u>11</u>		c. CITY OR TOWN <u>Plairville</u>		11	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u> 2			
3. NAME OF DECEASED (Type or Print) <u>Nannie</u>		a. (First)		b. (Middle) <u>-</u>		c. (Last) <u>Gatts</u>	
4. DATE OF DEATH <u>Dec. 10, 1949</u>		(Month)		(Day)		(Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 9, 1890</u>	
9. AGE (in years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>James Spicer</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas H.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas H. Gatts</u> ADDRESS <u>Plairville Ill</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 apoplexy</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arterial Hypertension</u> DUE TO (b) <u>?</u> DUE TO (c) <u>?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3341</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no</u>				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 <u>11-22, 1949</u> , to <u>12-10, 1949</u> , that I last saw the deceased alive on <u>12-10, 1949</u> and that death occurred at <u>8:45 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. H. A. Dedy</u> (Degree or title)		23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>12-13-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-3-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FUNDING 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

RECEIVED JAN 10 1950  
MARION CO. HEALTH DEPT.  
DATE FILED JAN 12 1950

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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 .....  
Student Embalmer

Signed

*Michael J. O'Donnell*

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.