

S. No. 300
v. 10.48

06440

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1950

State File No. 1780

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY OR TOWN Hannibal
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ralls
c. CITY OR TOWN Rural
d. STREET ADDRESS R. R. # 3, Hannibal

3. NAME OF DECEASED (Type or Print) a. (First) EGNOT b. (Middle) VIOREL c. (Last) VIOREL 4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1950

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Oct. 18, 1877 9. AGE (In years last birthday) 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 10b. KIND OF BUSINESS OR INDUSTRY Universal Atlas Cement Co. 11. BIRTHPLACE (State or foreign country) Romania b. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Vasile Viorel 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Sabina Viorel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. - - - - - 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lee Viorel, R. # 3, Hannibal, Mo.

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Silicosis Myocardial*
ANTECEDENT CAUSES 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 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 *Jan 18, 1948* to *Jan 26, 1950*, that I last saw the deceased alive on *Jan 26, 1950*, and that death occurred at *11:25pm*, from the causes and on the date stated above.

23a. SIGNATURE *[Signature]* (Degree or title) 23b. ADDRESS *Hannibal Mo* 23c. DATE SIGNED *Feb-1-50*

24a. BURIAL, CREMATION, REMOVAL (Specify) *burial* 24b. DATE *1/30/50* 24c. NAME OF CEMETERY OR CREMATORY *St. Mary's Cemetery* 24d. LOCATION (City, town, or county) (State) *Hannibal, Mo.*

DATE REC'D BY LOCAL REG. *2-3-50* REGISTRAR'S SIGNATURE *Dr. E. M. Lucere* Deputy Registrar *Ray W. Fisher* FUNERAL DIRECTOR'S SIGNATURE *Raymond Schwarz* ADDRESS *Hannibal, Mo.*

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

RECEIVED FEB 3 1950
MARION CO. HEALTH DEPT.
DATE FILED FEB 3 1950

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hamlet, 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.