

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5424

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 68

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (in this place) <u>7 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>821 Webb St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>821 Webb St.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>JOSEPH</u>	b. (Middle) <u>PENN</u>	c. (Last) <u>McEuen</u>	<u>Feb. 25, 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Jan. 27, 1898</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) <u>Rockport, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>John McEuen</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. <u>World War I</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John McEuen, 821 Webb, 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, asthma, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <u>John McEuen, 821 Webb, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, far advanced</u>		ANTecedent CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>0028</u>
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 <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Dec 19, 1949 to 25 Feb, 1950, that I last saw the deceased alive on 19, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. A. Stoll</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>Hannibal MO.</u>	23c. DATE SIGNED <u>Mar 26</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/27/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-9-50</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>By W. C. Fisher Deputy</u>	ADDRESS <u>Kathryn A. Schwartz, Hannibal, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 4844
1

RECEIVED MAR 10 1950
MARION HEALTH DEPT.
DATE FILED MAR 13 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 _____

Cecil E. Schwartz

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Cecil E. Schwartz*

Licensed Embalmer No. 2338

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.