

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13766**
 BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **139**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 212 S. 8th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 212 S. 8th St.			

3. NAME OF DECEASED (Type or Print) a. (First) JANE	b. (Middle)	c. (Last) BOYLE	4. DATE OF DEATH (Month) (Day) (Year) Apr. 22, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH unknown	9. AGE (In years last birthday) 80	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours	# UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) saleslady		10b. KIND OF BUSINESS OR INDUSTRY dept. store		11. BIRTHPLACE (State or foreign country) Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME James Boyle	13b. MOTHER'S MAIDEN NAME Margaret Murphy	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Miss Mary Boyle, 212 S. 8th, Hannibal	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH. 3 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart Disease		
	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. Senility		4200	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 19, 1950**, to **April 23, 1950**, that I last saw the deceased alive on **April 20, 1950**, and that death occurred at **10:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert L. Cannon, M.D.	23b. ADDRESS 504 1/2 N. 1st, Hannibal, Mo.	23c. DATE SIGNED 4/28/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/25/50	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal, Missouri
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DATE REC'D BY LOCAL REG. 5-2-50	REGISTRAR'S SIGNATURE D. E. M. Lucke	1899	FUNERAL DIRECTOR'S SIGNATURE W. C. Fisher	ADDRESS Hannibal, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 10 1950
MARION CO. HEALTH DEPT.
DATE FILED MAY 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 _____

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.