

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1330 State File No. **24067**
Registrar's No. **35**

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (When deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give township) Palmyra		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Palmyra		OR TOWN 0641
d. FULL NAME OF HOSPITAL OR INSTITUTION Maple Lawn Rest Home			d. STREET ADDRESS (If rural, give location) Maple Lawn Rest Home		
3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) Mae c. (Last) Basnett			4. DATE OF DEATH (Month) (Day) (Year) July 7, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH SEPT. 5, 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 10 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Marysville, Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Norse Thompson		13b. MOTHER'S MAIDEN NAME Elizabeth Moore		14. NAME OF HUSBAND OR WIFE Louis	
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. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.P. Sutton 129 N. Tenth Hannibal			
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) Probable Pulmonary Infection ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & Thrombosis both legs DUE TO (c) Congestive heart failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. U.S.A				INTERVAL BETWEEN ONSET AND DEATH 2-3 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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 April 1950 , to July 4, 1950 ; that I last saw the deceased alive on July 4, 1950 , and that death occurred at 7:30 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE Wyrth Hamlin M.D.			23b. ADDRESS Palmyra Missouri		23c. DATE SIGNED 15 July 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-10-50	24c. NAME OF CEMETERY OR CREMATORY Crossview Burial Park		24d. LOCATION (City, town, or county) (State) Hannibal Marion MO	
DATE REC'D BY LOCAL REG. 7/26/50	REGISTRAR'S SIGNATURE By Viola Green		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James O'Rourke Hannibal MO		

(Licensed Embalmer's Statement on Reverse Side)

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

FILED JUL 28 1950

RECEIVED JUL 27 1950
MARION CO. HEALTH DEPT.
DATE FILED JUL 27 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.

Signed _____
Student Embalmer

Signed

Michael J. O'Connell

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.