

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

53401

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 46

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 OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>704 Vermont</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrsie</u> b. (Middle) _____ c. (Last) <u>Wickerson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-1-51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3-12-1896</u>
9. AGE (In years last birthday) <u>54</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Balls Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME <u>Samuel Reubin</u>	
13b. MOTHER'S MAIDEN NAME <u>Laura Thompson</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>490-07-1986</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred Stamps</u>		ADDRESS <u>1620 Wardlow</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertention</u> 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) _____		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>Feb 1</u> , 19 <u>51</u> , to <u>Feb 1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 1</u> , 19 <u>51</u> , and that death occurred at <u>5 P.M.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>A. W. Foy</u> (Degree or title) _____		23b. ADDRESS <u>1216 Center St.</u>	
23c. DATE SIGNED <u>2-9-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>Feb. 4-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>	
24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>		DATE REC'D BY LOCAL REG. <u>2-12-51</u>	
REGISTRAR'S SIGNATURE <u>Dr E M Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>By We Fisher</u> ADDRESS <u>220 E Roberts Hannibal</u>	

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

3644
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RECEIVED FEB 16 1951
MAYOR CO. HEALTH DEPT.
DATE FILED FEB 17 1951

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 Geo E. Roberts

Licensed Embalmer No. 2113

P. O. Address Hammond 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.