

FILED MAY 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17297

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 3043 Registrar's No. 177

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) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>	
c. LENGTH OF STAY (In this place) <u>5/15/51</u>		d. STREET ADDRESS (If rural, give location) <u>926 Center</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Ewing</u> b. (Middle) <u>Herrick</u> c. (Last) <u>(R.E.)</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 19, 1919</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Murray Motor Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Shelbyville Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>George B. Herrick</u>	13b. MOTHER'S MAIDEN NAME <u>Laura E. Graybill</u>	14. NAME OF HUSBAND OR WIFE <u>Madge Riley Herrick</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW # 2</u>	16. SOCIAL SECURITY NO. <u>554-07-9661</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George W. Herrick</u>	ADDRESS <u>520 North Fifth Hannibal</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u> <u>10 months</u> <u>10 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emphysema</u>		
	DUE TO (c) <u>Secondary Pneumia</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 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) (Min.)	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 May 15, 1951, to May 17, 1951, that I last saw the deceased alive on May 17, 1951, and that death occurred at 11:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. D.</u>	23b. ADDRESS <u>1001 dwy, Hannibal, Mo.</u>	23c. DATE SIGNED <u>5-21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/19/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Truview Burial Park Hannibal Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/21/51</u>	REGISTRAR'S SIGNATURE <u>ACE M. Leake</u>	FUNERAL DIRECTOR'S SIGNATURE <u>M. Carson</u>	ADDRESS <u>Hannibal Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0644

*William H. W.*

RECEIVED MAY 23 1951  
HEALTH CO. HEALTH DEPT.  
DATE FILED MAY 24 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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....

Signed

*John S. Spard*

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.