

FILED JUN 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17319

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 194

644

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

1. PLACE OF DEATH a. COUNTY <u>Missouri 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>Marion Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal 0644</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>310 Fulton Ave 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leveying Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>-</u> c. (Last) <u>Settles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1951</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 28 1891</u>	9. AGE (In years) last birthday <u>59</u>	10. UNDER 1 YEAR Months <u>9</u>	11. UNDER 24 HRS. Days <u>16</u>	12. HOURS <u>16</u>	13. MIN. <u>16</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Frankford, Mo 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
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13a. FATHER'S NAME <u>W-N-Whitwood</u>		13b. MOTHER'S MAIDEN NAME <u>-</u>		14. NAME OF HUSBAND OR WIFE <u>Oscar</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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>William Settles 310 Fulton Hannibal Mo</u>		ADDRESS <u>Hannibal Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</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 arteriosclerosis</u>		
	DUE TO (c) <u>Thyrototoxicosis</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

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) <u>334X</u>	
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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 May 9, 1951, to May 14, 1951, that I last saw the deceased alive on 14 May, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. A. Keller M.D.</u>		23b. ADDRESS <u>Hannibal, Mo.</u>		23c. DATE SIGNED <u>May 22 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hypocburg Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hypocburg, Ralls Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-5-51</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Ed Donnell</u>		ADDRESS <u>Hannibal Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 12 1951  
SANDHOG CO. HEALTH DEPT.  
DATE FILED JUN 13 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 *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.