

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27636

State File No. _____

FILED SEP 4 1951

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <i>Marion</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Marion</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Hannibal</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Hannibal</i> 0644	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>629 Union Street</i> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2007 Grace Street</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Myrtle</i> b. (Middle) c. (Last) <i>Best</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>8 12 51</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, FORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>10-1-76</i>	9. AGE (In years last birthday) <i>74</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Hannibal Mo</i> 0	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Lewis Lacy</i>	13b. MOTHER'S MAIDEN NAME <i>Sarah Maxwell</i>	14. NAME OF HUSBAND OR WIFE
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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 <i>Margaret Richard</i> ADDRESS <i>Hannibal Mo</i>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stroke, Left</i>		<i>3 months</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>arteriosclerosis</i>		<i>2</i> <i>1</i>
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 <i>334x</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 *Jan* 1950 to *8-12*, 1951, that I last saw the deceased alive on *8-11*, 1951, and that death occurred at *6:00 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>A. Traub</i> (Degree or title)	23b. ADDRESS <i>Hannibal Mo</i>	23c. DATE SIGNED <i>Aug-15-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8-16-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Mary's Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Hannibal Mo</i>
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DATE REC'D BY LOCAL REG. <i>8-17-51</i>	REGISTRAR'S SIGNATURE <i>Dr. G.M. Lucke</i> 1841	25. FUNERAL DIRECTOR'S SIGNATURE <i>James McConnell</i> ADDRESS <i>Hannibal Mo</i>
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(Stamped Embossed & Sealed on Reverse Side)

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

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RECEIVED AUG 28 1951
MARION CO. HEALTH DEPT.
DATE FILED AUG 31 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.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

H. M. O'Connell

Licensed Embalmer No. 3887

P. O. Address Harrod, 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.