

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30843

State File No. _____

FILED SEP 24 1951

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 299

1. PLACE OF DEATH

a. COUNTY Geo. Marion Sidener

b. CITY (If outside corporate limits, write RURAL and give township) Hannibal

c. LENGTH OF STAY (In this place) 9/8/51

d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Marion

c. CITY (If outside corporate limits, write RURAL and give township) Hannibal

d. STREET ADDRESS (If rural, give location) 111 South Tenth

3. NAME OF DECEASED

a. (First) George b. (Middle) Thornton c. (Last) Sidener

4. DATE OF DEATH (Month) (Day) (Year) September 10, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH February 16, 1867 9. AGE (In years last birthday) 84 9. AGE (In years last birthday) 6 9. AGE (In years last birthday) 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Middlegrove, Monroe Cty. Missouri 12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Noah A. Sidener 13b. MOTHER'S MAIDEN NAME Mary Davis 14. NAME OF HUSBAND OR WIFE Louisiana Crigler Sidener

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 _____ ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 334X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9/6, 1951, to 9/10, 1951, that I last saw the deceased alive on 9/9, 1951, and that death occurred at 1:05 Am., from the causes and on the date stated above.

23a. SIGNATURE J. B. Chilton M.D. (Degree or title) 23b. ADDRESS 500 Broadway, Hannibal, Mo. 23c. DATE SIGNED 9/11/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/12/51 24c. NAME OF CEMETERY OR CREMATORY St. Judes 24d. LOCATION (City, town, or county) (State) Monroe City Missouri

DATE REC'D BY LOCAL REG. 9-12-51 REGISTRAR'S SIGNATURE Dr. E. M. Lucke 25. FUNERAL DIRECTOR'S SIGNATURE H. C. ... ADDRESS Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

Chilton

1644

1644

0

SEP 18 1951

MARION CO. HEALTH DEPT.

DATE FILED SEP 21 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.....

Signed.....

John S. Ward

Signed.....
Student Embalmer

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.