

STANDARD CERTIFICATE OF DEATH

1644
4

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>3317</u>	
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. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		<u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Riverview Lodge Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>1606 Harrison Hill</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Minnie Bell</u>		b. (Middle) <u>Smith</u>		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>October 23, 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>June 26, 1875</u>		9. AGE (In years last birthday) <u>76</u>		10. MONTH (Day) (Year) <u>3 27</u>		11. BIRTHPLACE (State or foreign country) <u>Macon County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		14. NAME OF HUSBAND OR WIFE <u>Tilden Smith</u>	
13a. FATHER'S NAME <u>George Waddell</u>		13b. MOTHER'S MAIDEN NAME <u>Anzella Emerine Thompson</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wilson Treaster Hannibal Missouri</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. ADDRESS <u>Hannibal Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>				MEDICAL CERTIFICATION	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO (c) <u>Parkinsons disease</u>					
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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>you</u> <u>1951</u> , to <u>Oct 23, 1951</u> , that I last saw the deceased alive on <u>Oct 22, 1951</u> , and that death occurred at <u>8:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Boyer M. D.</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>Oct 24/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Birview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Macon County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10/25/51</u>		REGISTRAR'S SIGNATURE <u>ORE M. Lucker Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McClary and Smith</u>		ADDRESS <u>Hannibal Missouri</u>	

RECEIVED OCT 29 1951

STATE HEALTH DEPT.
DATE FILED OCT 30 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. Stand

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.