

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 2043 Registrar's No. 59

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>0644</u> <u>Hannibal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 3115 St. Mary's</u>		d. STREET ADDRESS (If rural, give location) <u>3115 St. Marys</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Flore M.</u> b. (Middle) <u>Hancock</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>February 25, 1952</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>September 14, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XS</u>		11. BIRTHPLACE (State or foreign country) <u>Near Warren Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>Isaac Ross Beaty</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Beard</u>	14. NAME OF HUSBAND OR WIFE <u>W A Hancock Hannibal Missouri</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>XX</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W A Hancock Hannibal Missouri</u>	ADDRESS <u>Hannibal Missouri</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, ashenia, 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 <u>1 hr</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>High Blood Pressure</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Red Pavorious attack</u> <u>Paralysis of face</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X-</u>	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) (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 2-25, 1952, to 2-25, 1952, that I last saw the deceased alive on 2-25, 1952, and that death occurred at 9:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W P Berman MD</u>	(Degree or title)	23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>2-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence Co. Ch</u>	24d. LOCATION (City, town, or county) (State) <u>Near Hannibal Reels Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>3/1/52</u>	REGISTRAR'S SIGNATURE <u>W E Muckler's Deputy</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W A Hancock</u>	ADDRESS <u>Hannibal Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 7 1952

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED MAR 7 1952

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

*H. Crawford Smith*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3814

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.