

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5756

State File No. ....

**FILED FEB 27 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 49

**1. PLACE OF DEATH**  
a. COUNTY Marion

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Ralls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal c. LENGTH OF STAY (in this place) 3 hrs.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 0:30

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Elizabeth Hospital

d. STREET ADDRESS (If rural, give location) RR#4

**3. NAME OF DECEASED**  
(Type or Print)  
a. (First) Marvin b. (Middle) Short c. (Last) Short

**4. DATE OF DEATH** (Month) (Day) (Year)  
February 19, 1952

**5. SEX** Male **6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** Never Married

**8. DATE OF BIRTH** October 4, 1887

**9. AGE** (In years last birthday) 64 IF UNDER 1 YEAR Months 4 Days 15 IF UNDER 24 HRS. Hours 15 Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Sexton

**10b. KIND OF BUSINESS OR INDUSTRY** Hydesburg Cemetery

**11. BIRTHPLACE** (State or foreign country) U

**12. CITIZEN OF WHAT COUNTRY** U S A

**13a. FATHER'S NAME** William Short **13b. MOTHER'S MAIDEN NAME** Not known **14. NAME OF HUSBAND OR WIFE** None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) No **16. SOCIAL SECURITY NO.** None

**17. INFORMANT'S SIGNATURE OR NAME** John Waterston Hannibal M Perry **ADDRESS** Missouri

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
VIRUS PNEUMONIA  
Cured slow. Found by neighbors after 5-day illness.  
Due to heat or flood  
Sanitation very bad

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) VIRUS PNEUMONIA  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
Due to heat or flood

**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.  
Sanitation very bad

**INTERVAL BETWEEN ONSET AND DEATH** \_\_\_\_\_

**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)** \_\_\_\_\_

**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** 2-19-1952 **to** 2-19-52, **that I last saw the deceased alive on** 2-19-1952, **and that death occurred at** 12:20 m., **from the causes and on the date stated above.**

**23a. SIGNATURE** [Signature] (Degree or title) M.D. **23b. ADDRESS** Hannibal Mo **23c. DATE SIGNED** 2-20-52

**24a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **24b. DATE** 2/20/52 **24c. NAME OF CEMETERY OR CREMATORY** Hydesburg **24d. LOCATION** (City, town, or county) (State) Ralls County Mo.

**DATE REC'D BY LOCAL REG.** 2-23-52 **REGISTRAR'S SIGNATURE** Dr. E.M. Lucke **25. FUNERAL DIRECTOR'S SIGNATURE** [Signature] **ADDRESS** Hannibal Missouri

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

44  
0

**RECEIVED** FEB 25 1952  
**STATION CO. HEALTH DEPT.**  
**DATE FILED** FEB 25 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John S. Spaul  
.....

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.