

FILED MAR 31 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9083**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b> <b>0644</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. Elizabeth Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>510. N-6TH-ST</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b> b. (Middle) <b>-</b> c. (Last) <b>Brown</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 18 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 6 1880</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>-</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Hannibal Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>

13a. FATHER'S NAME <b>Morris Shea</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Fitzgerald</b>	14. NAME OF HUSBAND OR WIFE <b>Terrill A</b>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NO.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Terrill Brown</b>	ADDRESS <b>510 6th Hannibal Mo</b>
---	------------------------------------	--	------------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Practical pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) <b>Crown Atherosclerosis</b> <b>Hypertension heart disease</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>443X</b> 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)
--	--	---

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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **March 7, 1952**, to **March 18, 1952**, that I last saw the deceased alive on **March 18, 1952**, and that death occurred at **3:22 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. C. Murphy, M.D.</b> (Degree or title)	23b. ADDRESS <b>Hannibal Mo</b>	23c. DATE SIGNED <b>3/25/52</b>
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-22-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. Marys Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal Marion Mo</b>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>3-26-52</b>	REGISTRAR'S SIGNATURE <b>Dr. C. M. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James O'Donnell</b>	ADDRESS <b>Hannibal Mo</b>
---	--	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0644

RECEIVED MAR 2 1952  
F.A.R.G.N. CO. HEALTH  
DATE FILED MAR 2 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 H. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hamlet, 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.