

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13580**  
Registrar's No. ~~111~~ **120**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

1644

1. PLACE OF DEATH a. COUNTY <b>Maxion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Maxion</b>	
b. CITY OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b> <b>1644</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>210 A. 8th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>210 A. 8th</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Olevia</b>	b. (Middle) <b>S</b>	c. (Last) <b>Shuck</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 21, 52</b>
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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>Aug. 30, 1898</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>22</b>	IF UNDER 1 HR. Hours <b></b> Min. <b></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>New Canton, Ill</b>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>Walter Nickason</b>	13b. MOTHER'S MAIDEN NAME <b>Clara McVatt</b>	14. NAME OF HUSBAND OR WIFE <b>John</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>John Shuck</b>	ADDRESS <b>210 28th Hannibal Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arterial Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Tuberculosis pulmonary</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>442XA</b>		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)
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?

22. I hereby certify that I attended the deceased from **January 7, 1952** to **April 21, 1952**, that I last saw the deceased alive on **2/17/52**, 19**52**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert Clancy md</b> (Degree or title)	23b. ADDRESS <b>Hannibal, Mo</b>	23c. DATE SIGNED <b>4/25/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-24-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Canton, Ill</b>	24d. LOCATION (City, town, or county) (State) <b>New Canton Pike Ill</b>
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DATE REC'D BY LOCAL REG. <b>4-25-52</b>	REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James O'Donnell</b>	ADDRESS <b>Hannibal Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 2 1952  
HARRISON CO. HEALTH DEPT.  
DATE FILED APR 2 1952

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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 Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Harrison 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.