

FILED MAY 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13589**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **125**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	c. LENGTH OF STAY (In this place) 4/25/52	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering		d. STREET ADDRESS (If rural, give location) 1902 Gordon	

3. NAME OF DECEASED (Type or Print)
a. (First) **Nora Lee** b. (Middle) **Chase** c. (Last) **Wyatt**

4. DATE OF DEATH (Month) (Day) (Year)
April 28 1952

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **February 24, 1895** 9. AGE (In years last birthday) **57** Months **2** Days **4** IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY **xx**

11. BIRTHPLACE (State or foreign country) **Centralia Missouri**

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

13a. FATHER'S NAME **Joseph Chase** 13b. MOTHER'S MAIDEN NAME **Cordelia Gleason** 14. NAME OF HUSBAND OR WIFE **Pearl Wyatt (deceased)**

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

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME - ADDRESS
Mrs. Iva Powell Monroe City Missouri

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* (a) **Pulmonary Congestion**

ANTECEDENT CAUSES DUE TO (b) **Cong. Heart Failure**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) **degenerative arthritis**

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

INTERVAL BETWEEN ONSET AND DEATH **3 days**
Several yrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **4341**

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.) **Hannibal Marion Mo.**

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 **4/14/52**, 19___, to **4/28/52**, 19___, that I last saw the deceased alive on **4/28/52**, 19___, and that death occurred at **1:25 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J. Swathowitch M.D.** 23b. ADDRESS **508 Broadway Hannibal Mo.** 23c. DATE SIGNED **4/28/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4/30/52** 24c. NAME OF CEMETERY OR CREMATORY **Mount Olivet** 24d. LOCATION (City, town, or county) (State) **Hannibal Missouri**

DATE REC'D BY LOCAL REG. **5-1-52** REGISTRAR'S SIGNATURE **A. E. M. Lucke** 189-0-1
UNERAL DIRECTOR'S SIGNATURE **W. Crawford Small** Hannibal Missouri

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

3044

0644

RECEIVED MAY 5 1952
MARION CO. HEALTH DEPT.
DATE FILED MAY 5 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 _____

W. Crawford Smith

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.