

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17215

State File No.

FILED JUN 10 1952

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 165

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

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)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		d. STREET ADDRESS (If rural, give location) 1106 Valley	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering			4. DATE OF DEATH (Month) (Day) (Year) May 31, 1952			
3. NAME OF DECEASED (Type or Print) a. (First) Russell H. Adrian			b. (Middle)	c. (Last)	5. SEX Male	
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 26, 1903		9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 6	
IF UNDER 1 YEAR Days 5	IF UNDER 1 MIN. Hours 5	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman	10b. KIND OF BUSINESS OR INDUSTRY Internationak S. Co.		11. BIRTHPLACE (State or foreign country) Hannibal Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A	13a. FATHER'S NAME Howard E. Adrian		13b. MOTHER'S MAIDEN NAME Mary Dubarry	14. NAME OF HUSBAND OR WIFE Roberta Green Adrian Hannibal		
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 Mrs. Russell Adrian Hannibal	ADDRESS 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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 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.			INTERVAL BETWEEN ONSET AND DEATH 1 day
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		1201	
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 5/31, 1952, to 5/31, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:40 Pm., from the causes and on the date stated above.						
23a. SIGNATURE Robert J. Lanning MD			23b. ADDRESS Hannibal, Mo.	23c. DATE SIGNED 6/3/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/3/52	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	24d. LOCATION (City, town, or county) (State) Hannibal Missouri			
DATE REC'D BY LOCAL REG. 6-4-52	REGISTRAR'S SIGNATURE A. E. M. Lucke	189-9	FUNERAL DIRECTOR'S SIGNATURE P. McLaughlin	ADDRESS Hannibal Missouri		

RECEIVED JUN 6 1952
MARION CO. HEALTH DEPT.
DATE FILED JUN 9 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.....

Joshua S. Ward

Signed.....
Student Embalmer

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.