

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25077**

AUG 13 1952

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 245			
1. PLACE OF DEATH a. COUNTY Marion 0644				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion 0644					
b. CITY OR TOWN Hannibal		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Hannibal		d. STREET ADDRESS (If rural, give location) 2016 Grace St			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2016 Grace St				d. STREET ADDRESS (If rural, give location) 2016 Grace St					
3. NAME OF DECEASED a. (First) ANNIE			b. (Middle) M.		c. (Last) DOYAN		4. DATE OF DEATH (Month) (Day) (Year) July 30 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 23, 1867		9. AGE (In years last birthday) 85 MONTHS - DAYS 7 IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ashland, Pa.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Anthony McGlone			13b. MOTHER'S MAIDEN NAME Margaret Dooley			14. NAME OF HUSBAND OR WIFE George			
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.		17. INFORMANT'S SIGNATURE OR NAME Margaret Murphy ADDRESS Hannibal, Mo. 2016 Grace				
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) Pneumonia ANTECEDENT CAUSES Chronic cardiac - Hypertension DUE TO (b) Hypertension 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 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X						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)		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 8-20, 1951 , to 7-30, 1952 , that I last saw the deceased alive on 7-28, 1952 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE M. J. Murphy (Degree or title) MD				23b. ADDRESS Hannibal, Mo.			23c. DATE SIGNED 7-30-52		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-1-52		24c. NAME OF CEMETERY OR CREMATORY St. Michael's Cemetery		24d. LOCATION (City, town, or county) (State) Brookfield, Mo.			
DATE REC'D BY LOCAL REG. 7/30/52		REGISTRAR'S SIGNATURE H. C. Fisher		25. FUNERAL DIRECTOR'S SIGNATURE Michael J. O'Donnell ADDRESS Hannibal, Mo.					

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

RECEIVED AUG 12 1952
MARION CO. HEALTH DEPT.
DATE FILED AUG 12 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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.