

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25094

State File No.

FILED AUG 13 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 239

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| 1. PLACE OF DEATH a. COUNTY <u>Marion 0644</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion 0644</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Marion Hannibal</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal 0</u> | |
| c. LENGTH OF STAY (If in place) <u>13yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>109 Magnolian Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>109 Magnolia Street</u> | | d. STREET ADDRESS (If rural, give location) <u>109 Magnolian Street</u> | |

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|-------------------------------------|-------------------------|-----------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>FRETA</u> | b. (Middle) <u>PERMILIA</u> | c. (Last) <u>MANARD</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 1952</u> |
|-------------------------------------|-------------------------|-----------------------------|-------------------------|---|

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|----------------------|-------------------------------|--|--------------------------------------|---|-----------------------|---------------------|----------------------|---------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u> | 8. DATE OF BIRTH <u>Oct. 14 1903</u> | 9. AGE (In years last birthday) <u>48</u> | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours | # UNDER 1 YEAR Min. |
|----------------------|-------------------------------|--|--------------------------------------|---|-----------------------|---------------------|----------------------|---------------------|

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| 10a. USUAL OCCUPATION (Give kind of work as done immediately preceding life, even if retired) <u>Sales Clerk</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Store</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Rennick Missouri 0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Lemuel Manard</u> | 13b. MOTHER'S MAIDEN NAME <u>Annabell Powell</u> | 14. NAME OF HUSBAND OR WIFE <u>Raymond Washburn</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-07-8653</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George V. Howard</u> | ADDRESS <u>Hannibal Mo</u> |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by gas.</u> | | |
| | 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. <u>E972X</u> | | | |

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion Mo</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 26 1952 7 m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>dead house turned on gas</u> |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>W. Crawford Smith 3 Colonel Hannibal Mo</u> | 23b. ADDRESS | 23c. DATE SIGNED <u>7-28-52</u> |
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| 24a. BURIAL (PREMATION REMOVAL) (Specify) <u>Burial 7)</u> | 24b. DATE <u>July 29 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>July 28 52</u> | REGISTRAR'S SIGNATURE <u>W. E. M. Lueder Deputy</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur A. Schwartz</u> | ADDRESS |
|--|---|--|---------|

(Licensed Embalmer's Statement on Reverse Side)

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. 440

working under my personal supervision.

Student Jack Schwartz
Student Embalmer

Signed Carl E. Schwartz

Licensed Embalmer No. 23380

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.