Form Approved
B. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25095

State File No.

FILED AUG 6 1952

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 236

1. PLACE OF DEATH
a. COUNTY Marion 0644 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hannibal
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Marion 0644
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hannibal 0
d. STREET ADDRESS (If rural, give location) 2005 Market St

3. NAME OF DECEASED (Type or Print)
a. (First) Rebie
b. (Middle) Eve
c. (Last) Mayberry

4. DATE OF DEATH (Month) July (Day) 17. (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH March 19. 1897
9. AGE (In years last birthday) 55. If under 1 year: Months 0 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Terr. /
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME James Smith
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Melvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs Jack Beadle. ADDRESS 2005 Market. Hannibal Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

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

DUE TO (b) Chronic Pyelonephritis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Previously had right nephrectomy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION. Non function of left (only) kidney
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.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 6000

22. *I hereby certify that I attended the deceased from* 7-10, 1952 *to* 7-17, 1952 *that I last saw the deceased alive on* 7-18, 1952 *and that death occurred at* 1:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. Hardesty MD
23b. ADDRESS Hannibal Mo
23c. DATE SIGNED 7-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-19-52
24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery
24d. LOCATION (City, town, or county) Hannibal Marion (State) Mo

DATE REC'D BY LOCAL REG. 7-24-52
REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Fischer
25. FUNERAL DIRECTOR'S SIGNATURE Michael J. O'Donnell
ADDRESS Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 4 1952
MARION CO. HEALTH DEPT
DATE FILED AUG 4 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.