

No. 300  
10.48

JUL 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

765 State File No. 25118  
209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <b>MISSISSIPPI</b> b. CITY OR TOWN <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>No record</b> b. COUNTY <b>No record</b>	
c. LENGTH OF STAY (In this place) <b>06403</b>		c. CITY OR TOWN <b>No record</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Near Scipio Ice House</b>		d. STREET ADDRESS (If rural, give location) <b>No record</b>	
3. NAME OF DECEASED a. (First) <b>Unidentified man</b> b. (Middle) <b>Unidentified man</b> c. (Last) <b>Unidentified man</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Found 7/22/52</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>No record</b>	8. DATE OF BIRTH <b>No record</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XX</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>No record</b>
13a. FATHER'S NAME <b>No record</b>		13b. MOTHER'S MAIDEN NAME <b>No record</b>	14. NAME OF HUSBAND OR WIFE <b>No record</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No record</b>	16. SOCIAL SECURITY NO. <b>No record</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Verdict of Jury "Death by drowning"</b> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (b) <b>identity unknown to Jury, and an</b> DUE TO (c) <b>order made to bury the body</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>as soon as possible.</b>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>E9298 42</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>064</b>	
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.			
23a. SIGNATURE (Degree or title) <b>W. Crawford Smith, Coroner</b>		23b. ADDRESS <b>Hannibal, Mo.</b>	23c. DATE SIGNED <b>7/10</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/22/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>
DATE REC'D BY LOCAL REG. <b>7-11-52</b>	REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke</b>	FEDERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hannibal Missouri</b>	

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

RECEIVED JUL 15 1952  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 16 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 \_\_\_\_\_

This body was not embalmed Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John S. Ward

Licensed Embalmer No. 3814 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.