

FILED OCT 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35675**

BIRTH NO. _____		REG. DIST. NO. <b>209</b>		PRIMARY REG. DIST. NO. <b>3043</b>		Registrar's No. <b>321</b>	
1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Pike</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. LENGTH OF STAY (In this place) <b>7 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>New Canton</b>		<b>8120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering</b>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <b>Jeanette</b>		a. (First)		b. (Middle) <b>Gard</b>		c. (Last)	
4. DATE OF DEATH <b>Oct. 11, 1952</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>Apr. 12, 1868</b>		9. AGE (In years last birthday) <b>84</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Barry, Illinois</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>general</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Orlando Hart</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Jane Blair</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Obed H. Gard, Kansas City, Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Lobar Pneumonia</b>		19. MAJOR FINDINGS OF OPERATION <b>colon. The abdomen distended with pyogenic pus and cancer of</b>		20. AUTOPSY? <b>no</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <b>Cancer of the Colon</b>		1 year	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Bowel obstruction</b>		7 days		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		Starvation and dehydration		7 days		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
19a. DATE OF OPERATION <b>10/6/52</b>		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? <b>153X</b>		22. I hereby certify that I attended the deceased from <b>Oct. 4/52</b> 19___, to <b>Oct. 12/52</b> 19___, that I last saw the deceased alive on <b>10/12/52</b> 19___, and that death occurred at <b>9</b> Pm., from the causes and on the date stated above.			
23a. SIGNATURE <b>I. W. Russell M.D.</b>		(Degree or title)		23b. ADDRESS <b>Hannibal, Ill.</b>		23c. DATE SIGNED <b>10/12/52</b>	
24a. BURIAL, CREMATION, REINTERMENT (Specify)		24b. DATE <b>Oct. 14, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn</b>		24d. LOCATION (City, town, or county) (State) <b>Barry, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>10-13-52</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke by W. C. Fisher</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Crawford Smith, Hannibal, Mo.</b>		ADDRESS	

06440

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

OCT 26 1952

RE CD

MASS. CO. HEALTH DEPT.

DATE FILED OCT 26 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. Spaul*  
Licensed Embalmer No. *4540*

P. O. Address *Hannabel, 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.