

5. No. 300  
7. 10-48

FILED NOV 13 1952

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **35681**

06440

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

BIRTH NO.		REG. DIST. NO. <b>209</b>	PRIMARY REG. DIST. NO. <b>3043</b>	Registrar's No. <b>356</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) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Canton (rural)</b>		
c. LENGTH OF STAY (In this place) <b>2 dys</b>		d. STREET ADDRESS (If rural, give location) <b>Illinois</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>				
1. NAME OF DECEASED a. (First) <b>Mrs. Anna</b> (Type or Print)		b. (Middle) <b>Hyde</b>		c. (Last)
2. SEX <b>Female</b>		3. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Divorced 5</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11/3/52</b>
5. COLOR OR RACE <b>white</b>		6. DATE OF BIRTH <b>3/29/1902</b>		7. AGE (In years last birthday) Months Days <b>50</b>
8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		9. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (State or foreign country) <b>Merrimac Isle Mo., 0</b>
11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				
13a. FATHER'S NAME <b>Acel Grafford</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Glenn</b>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>293-10-1422</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mary Hyde Caldwell, New Canton</b>
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) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Hypertension</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>10 yrs.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>		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 building, 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 <b>11-1</b> , 19 <b>52</b> , to <b>11-3</b> , 19 <b>52</b> ; that I last saw the deceased alive on <b>11-3</b> , 19 <b>52</b> , and that death occurred at <b>11:15 a. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>A. L. Green, M.D.</b>		23b. ADDRESS <b>100 N. Sixth, Hannibal, Mo.</b>		23c. DATE SIGNED <b>11-5-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/6/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Shearer</b>
24d. LOCATION (City, town, or county) (State) <b>New Canton Illinois</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Barry Ill.</b>		
DATE REC'D BY LOCAL REG. <b>11-5-52</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Barry Ill.</b>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 10 1952  
MARION CO. HEALTH DEPT  
DATE FILED NOV 10 1952

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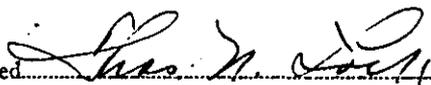
STATEMENT BY LICENSED EMBALMER

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  \_\_\_\_\_

Licensed Embalmer No. 6982

P. O. Address Barry Illinois

**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.