

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 13 1952

REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 362

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>	
c. LENGTH OF STAY (In this place) <u>10/31/52</u>		0644	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>706 South Main</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lonnie B.</u> b. (Middle) <u>(Mack)</u> c. (Last) <u>McCarver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 3, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 11, 1891</u>
9. AGE (In years last birthday) <u>61</u>	10. MONTHS <u>9</u>	11. DAYS <u>22</u>	12. HOURS <u>11:55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Grand Junction Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>John McCarver</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel McCarver</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWI</u>	
16. SOCIAL SECURITY NO. <u>490-07-8520</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lonnie McCarver</u>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cosmasy Thrombosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-30-52</u> , 19 <u>52</u> , to <u>11-3-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-3-52</u> , 19 <u>52</u> , and that death occurred at <u>5:55</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u> M.D.		23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>	
23c. DATE SIGNED <u>11-4-52</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24a. DATE <u>11/5/52</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Mount Olive</u>	
24c. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>		24d. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
24e. ADDRESS <u>Hannibal Missouri</u>		DATE REC'D BY LOCAL REG. <u>11-7-52</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		19 <u>90</u>	

RECEIVED NOV 10 1962

MARION CO. HEALTH DEPT.

DATE FILED NOV 14 1962

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 *H Crawford Smith*

Licensed Embalmer No. 3814

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.