

FILED DEC 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39480

State File No. 5766

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3073 Registrar's No. 397

140

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 0640	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural # 2 (Residence)		d. STREET ADDRESS (If rural, give location) Rural # 2	

3. NAME OF DECEASED (Type or Print) a. (First) Nolan A. b. (Middle) Waller c. (Last) Waller			4. DATE OF DEATH (Month) (Day) (Year) November 28, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 25, 1908	9. AGE (In years last birthday) 44	IF ORDER YEAR Days Hours Mins. 7 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and State or Foreign Country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME L. T. Waller		13b. MOTHER'S MAIDEN NAME Sarah Sue Goodrich		14. NAME OF HUSBAND OR WIFE Susan Strode Waller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W 2		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nolan A. Waller Hannibal Missouri	

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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 10 min.
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4201			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 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? _____	

22. I hereby certify that I attended the deceased from 12-24-51, 19 , to 11-28-52, 19 , that I last saw the deceased alive on 11-28-52, 19 , and that death occurred at 9:00P. m., from the causes and on the date stated above.

23a. SIGNATURE N. L. Brown (Degree or title) M. D.		23b. ADDRESS 100 N. Sixth, Hannibal, Mo.		23c. DATE SIGNED 11-29-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/1/52		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	
				24d. LOCATION (City, town, or county) (State) Hannibal Missouri	

DATE REC'D BY LOCAL REG. 12-2-52		REGISTRAR'S SIGNATURE Dr. G. M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hannibal Missouri	
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RECEIVED DEC 4 1952
MARION CO. HEALTH DEPT.
DATE FILED DEC 4 1952

FEB 6 1953

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 A. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hammel 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.