

42855

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10-48

FILED JAN 9 1953

432 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5264</u>		Registrar's No. <u>54</u>	
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 OR TOWN <u>Palmyra</u>)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u>		<u>0645.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maple Lawn Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>Maple Lawn Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hannah</u> b. (Middle) <u>Paul</u> c. (Last) <u>Paul</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 17, 1952</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November 14, 1861</u>		9. AGE (In years last birthday) <u>91</u>		10. MONTHS <u>1</u> DAYS <u>7</u> HOURS <u>3</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bureau County Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>F. P. Tigon</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Stouterberg</u>		14. NAME OF HUSBAND OR WIFE <u>Allen Paul (deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hannah Paul (Maple Lawn Rest Home)</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Dementia</u> 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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>304X</u>					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?			
22. I hereby certify that I attended the deceased from <u>Dec. 15, 1952</u> , to <u>Dec 17, 1952</u> , that I last saw the deceased alive on <u>Dec 15, 1952</u> , and that death occurred at <u>1:30 p. m.</u> , from the causes and on the date stated above. <u>12-17-52</u>							
23a. SIGNATURE (Degree or title) <u>G. M. Lucke M.D.</u>			23b. ADDRESS <u>Hannibal, Mo</u>		23c. DATE SIGNED <u>12-18-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Central Street</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12/19/52</u>		REGISTRAR'S SIGNATURE <u>R. J. DeLoe, Reg. Sec.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hannibal Missouri</u>			

149-1 (Licensed Embalmer's Statement on Reverse Side)

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

640
4

RECEIVED JAN 8 1953
MARION CO. HEALTH DEPT.
DATE FILED JAN 8 1953

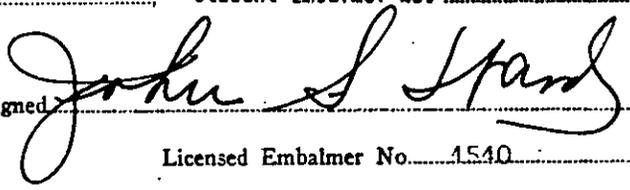
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 1540

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.