

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 26 1953

REG. DIST. NO. 209

PRIMARY REG. DIST. NO. 3043

Registrar's No. 65

Martin

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) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
c. LENGTH OF STAY (In this place) 6 wks		d. STREET ADDRESS (If rural, give location) 819 Hazel Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Norema b. (Middle) Lee c. (Last) Hagan		4. DATE OF DEATH (Month) (Day) (Year) 2-14-1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/16/1866
9. AGE (In years last birthday) 86		10. MONTHS 11	11. DAYS 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri ()	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Elias B. Martin		13b. MOTHER'S MAIDEN NAME Mary Jones	
13c. NAME OF HUSBAND OR WIFE James Henry Hagan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		ANTECEDENT CAUSES			
DUE TO (b) _____		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) Chronic Myocarditis 4200					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Anteroselectic heart disease			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) Hannibal Marion Mo.	
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 **1/15/53**, 19**53**, to **2/14/53**, 19**53**, that I last saw the deceased alive on **2/14/53**, 19**53**, and that death occurred at **7:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. Swattschinski M.D.		(Degree or title)		23b. ADDRESS Hannibal, Mo.	
23c. DATE SIGNED 2/16/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/17/1953	
24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Hannibal, Marion, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE A. M. O'Donnell	
DATE REC'D BY LOCAL REG. 2-17-53		REGISTRAR'S SIGNATURE Dr. E. M. Lucke		ADDRESS Hannibal, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED _____
MARION CO. HEALTH DEPT.
DATE FILED _____

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. 2884

P. O. Address Sumner 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.