

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10573

FILED MAR 20 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 113

6440

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) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>2306 Hope</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CORA</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>BARR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 14, 1953</u>
-------------------------------------	------------------------	--------------------------	-----------------------	--

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 29, 1873</u>	9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 HRS. Hours	# UNDER 1 HRS. Min.
----------------------	-------------------------------	---	---------------------------------------	---	--------------------------	------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vicksburg, Mississippi</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.</u>
--	---	--	--

13a. FATHER'S NAME <u>S. I. Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. C. Barr, 2306 Hope</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>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. C. Barr, 2306 Hope, Hannibal, Mo.</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>  <u>3 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) <u>Fracture of hip</u>		
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	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 9-24, 1953, to 3-14, 1953 that I last saw the deceased alive on 3-13, 1953 and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. A. [Signature]</u> (Describe or title)	23b. ADDRESS <u>Hannibal, Mo.</u>	23c. DATE SIGNED <u>3-14-53</u>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/16/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RIVERSIDE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-16-53</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Locke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jack Schwartz</u>	ADDRESS <u>Hannibal, Mo.</u>
---	--	---	------------------------------

RECEIVED MAR 18 1953  
MARIGT O. HEALTH DEPT.  
DATE FILED MAR 18 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

*Jack Schwartz*

Licensed Embalmer No. 4900

P. O. Address Hannibal, 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.