

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10579**

LED MAR 25 1953

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **118**

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 OR TOWN Hannibal		c. CITY OR TOWN Palmyra 0640	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Route 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print) Bessie			a. (First)		b. (Middle) Deloy		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 2 - 12 - 1953				
5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 26 - 1904		9. AGE (In years last birthday) 48		IF UNDER 1 YEAR: Months 6		IF UNDER 12 HRS: Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Frankford, Mo.			12. CITIZEN OF WHAT COUNTRY? 0		

13a. FATHER'S NAME Henry Blackwell		13b. MOTHER'S MAIDEN NAME Eliza Hodges		14. NAME OF HUSBAND OR WIFE Ralph Deloy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME 443X ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of the Lt Middle cerebral artery		DUE TO (b) Hypertensive Cardiovascular disease						12 hrs.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)						5 yrs.	
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 **Aug**, 19**52**, to **2-12**, 19**53**, that I last saw the deceased alive on **2-12**, 19**53**, and that death occurred at **2:40** a.m., from the causes and on the date stated above.

23a. SIGNATURE Wyeth Hamble M.D. O (Degree or title)		23b. ADDRESS Palmyra Mo.		23c. DATE SIGNED 23 Feb 1953	
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24a. BURIAL CREMATION-REMOVAL (Specify) Burial		24b. DATE Feb. 14 - 1953		24c. NAME OF CEMETERY OR CREMATORY Robinson		24d. LOCATION (City, town, or county) (State) Hannibal MO	
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DATE REC'D BY LOCAL REG. 3/17/53		REGISTRAR'S SIGNATURE E. H. Fuchs		25. FUNERAL DIRECTOR'S SIGNATURE W. C. Roberts ADDRESS Hannibal 690	
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(Licensed Embalmer's Statement on Reverse Side)

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

644

RECEIVED MAR 28 1958
MARION CO. HEALTH DEPT.
DATE FILED MAR 28 1958

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 Geo E Roberts

Licensed Embalmer No. 2113

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.