

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10585**

BIRTH NO. **MAR 18 1953** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **101**

644

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 COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 1644		d. STREET ADDRESS (If rural, give location) 1406a Market Street
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) Frederick c. (Last) Easley			4. DATE OF DEATH 3-8-53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 10-16-1900	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Marion Easley		13b. MOTHER'S MAIDEN NAME Sarah VonHining	14. NAME OF HUSBAND OR WIFE Orangia		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Orangia Easley Hannibal, Mo.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inter Cranial Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fracture of occipital bone of skull 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 15 hrs. 15 hrs.
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.) Market St.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Marion Missouri		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-7-53 9:45P m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fighting		
22. I hereby certify that I attended the deceased from 3/7/53 , 19___, to 3/8/53 , 19___, that I last saw the deceased alive on 3/8/53 , 19___, and that death occurred at 1: P m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. H. Walters Chief M.D.			23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 3/11/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-11-53	24c. NAME OF CEMETERY OR CREMATORY Kinderhook Cemetery	24d. LOCATION (City, town, or county) (State) Kinderhook, Ill		
DATE REC'D BY LOCAL REG. 3-11-53	REGISTRAR'S SIGNATURE Dr. Em. Lucke By J. H. Walters		25. FUNERAL DIRECTOR'S SIGNATURE J. M. O'Donnell		ADDRESS Hannibal Mo

MAR 16 1953

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED

MAR 16 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..... *H.M. O'Donnell*

Licensed Embalmer No. *3889*

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.