

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15317

State File No. ....

FILED APR 28 1953

Registrar's No. .... 114

BIRTH NO. .... REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH  
a. COUNTY Randolph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Randolph

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly 0883

d. FULL NAME OF HOSPITAL OR INSTITUTION 901 Concannon Street

d. STREET ADDRESS (If rural, give location) 901 Concannon Street 0

3. NAME OF DECEASED  
a. (First) Lottie b. (Middle) Leonara c. (Last) Hannan

4. DATE OF DEATH (Month) (Day) (Year) 4/21/53

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3

8. DATE OF BIRTH 9/22/1890

9. AGE (In years last birthday) 62

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cafe worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George Hannan

13b. MOTHER'S MAIDEN NAME Ella Mae Estes

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs. L. L. Doyle ADDRESS Moberly, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) died by natural cause  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) cause  
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 7954

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from probably 10 April 20, 1953, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m. from the cause and on the date stated above.

23a. SIGNATURE J. J. Moore, Moberly, Missouri

23b. ADDRESS Moberly, Missouri

23c. DATE SIGNED 4/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/24/53

24c. NAME OF CEMETERY OR CREMATORY Sunset Mem. Gardens

24d. LOCATION (City, town, or county) (State) Moberly, Missouri

DATE REC'D BY LOCAL REG. 4/24/53

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Moberly, Mo.

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

**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 \_\_\_\_\_

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed Marion E. Million

Licensed Embalmer No. 3957

P. O. Address MOORETOWN, 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.