

10.00
10.48

FILED JUN 15 1953

STANDARD CERTIFICATE OF DEATH

State File No. 18709
Registrar's No. 209

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

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> COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>605 North Fourth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Archie C.</u> b. (Middle) c. (Last) <u>McDougall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 11, 1894</u>	9. AGE (In years last birthday) <u>58</u>	# MONTHS <u>7</u> # DAYS <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bill Poster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Orpheum Theater</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>George McDougall</u>	13b. MOTHER'S MAIDEN NAME <u>Addie Mahan</u>	14. NAME OF HUSBAND OR WIFE <u>Lucille Rost McDougall</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>W W I 499-05-701</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucille Rost</u>	ADDRESS <u>Hannibal Missouri</u>
---	---	---	-------------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u>			<u>1 yr</u>
	DUE TO (c) <u>Myocardial Infarction</u>			<u>6 mos.</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 <u>4201</u>	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)
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 April 24, 1953 to May 31, 1953, that I last saw the deceased alive on May 31, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. C. ...</u>	(Degree or title)	23b. ADDRESS <u>707 Bdwy, Hannibal, Mo.</u>	23c. DATE SIGNED <u>6-2-53</u>
-------------------------------------	-------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-3-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olive</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>6-3-53</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u>	FEDERAL DIRECTOR'S SIGNATURE <u>W.C. ...</u>	ADDRESS <u>Hannibal Missouri</u>
---	--	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

+4
0

RECEIVED JUN 12 1953
MARION CO. HEALTH DEPT.
DATE FILED JUN 12 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 John S. Stank

Licensed Embalmer No. 4540

P. O. Address Hannibal 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.