

FILED MAY 21 1953

STANDARD CERTIFICATE OF DEATH

State File No. 18711

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		b. COUNTY Rolls	
c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) Walter c. (Last) Mack Sr.			4. DATE OF DEATH (Month) (Day) (Year) May 13 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 3, 1899	9. AGE (In years last birthday) 54	10. MONTHS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bag Department		10b. KIND OF BUSINESS OR INDUSTRY Universal Atlas		11. BIRTHPLACE (City and State or Foreign Country) Hannibal Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME Daniel Clifford Mack	13b. MOTHER'S MAIDEN NAME Mary L. Lester	14. NAME OF HUSBAND OR WIFE Alberta Lennison Mack
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 490 07 6669	17. INFORMANT'S SIGNATURE OR NAME Mrs. Raymond Mack	ADDRESS Hannibal Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio sclerotic heart disease</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Pulmonary infarction</i>		
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 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1953, to May 13, 1953, that I last saw the deceased alive on 13 May, 1953, and that death occurred at 7:30 m., from the causes and on the date stated above.

23a. SIGNATURE <i>M. J. Miller M.D.</i>	(Degree or title) M.D.	23b. ADDRESS Hannibal Mo.	23c. DATE SIGNED May 14/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/16/53	24c. NAME OF CEMETERY OR CREMATORY Marble Creek	24d. LOCATION (City, town, or county) (State) Rolls County Missouri
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DATE REC'D BY LOCAL REG. 5-15-53	REGISTRAR'S SIGNATURE <i>Dr. E. M. Lutz</i>	1899 GENERAL DIRECTOR'S SIGNATURE <i>W. C. ...</i>	ADDRESS Hannibal Missouri
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED MAY 18 1953  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 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 \_\_\_\_\_

*John S. Ward*

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.