

## STANDARD CERTIFICATE OF DEATH

State File No. **22183**

FILED JUL 9 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **2426**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>407 N. 8th Street</b>		d. STREET ADDRESS (If rural, give location) <b>1208 North St</b>	
3. NAME OF DECEASED a. (First) <b>Stephen</b> b. (Middle) <b>Escue</b> c. (Last) <b>Anderson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-27-53</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <del>SEPARATED</del>	8. DATE OF BIRTH <b>Sept. 21-1919</b>
9. AGE (In years last birthday) <b>33</b>		10a. USUAL OCCUPATION (Of the kind of work done during most of working life even if retired) <b>Truck Driver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Drum Taps</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Perry Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Stephen Anderson</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Douglas Evelyn Anderson</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs Sam Smith</b>		ADDRESS <b>1208 North Hannibal Mo</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-14-3463</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Sam Smith</b>		ADDRESS <b>1208 North Hannibal Mo</b>	
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) <b>Verdict of jury - gunshot</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>wound inflicted by someone</b> DUE TO (c) <b>unknown to jury</b> 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 <b>981X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SURFIDE HOMICIDE (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>407 N. 8th</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Hannibal Marion Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6 27 53 1:30 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Gunshot wound in head</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>A. M. O'Donnell</b> 3 (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Hannibal Mo</b>	
23c. DATE SIGNED <b>7-2-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>July 1-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Robinson</b>		24d. LOCATION (City, town, or county) (State) <b>Hannibal Mo</b>	
DATE REC'D BY LOCAL REG. <b>7/2-53</b>		REGISTRAR'S SIGNATURE <b>Mc Fisher Deputy</b>	
FEDERAL DIRECTOR'S SIGNATURE <b>Geo. E. Roberts</b>		ADDRESS <b>Hannibal</b>	

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

RECEIVED JUL 8 1953  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 8 1953

JUL 9  
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 Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hamburg, W

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.