

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32387**

No. 300  
10.48

FILED SEP 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 318

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Marion</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1909 Settles St</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal 0644</u> d. STREET ADDRESS (If rural, give location) <u>1909 Settles St<sup>o</sup></u>			
<b>3. NAME OF DECEASED</b> a. (First) <u>Nathaniel</u> b. (Middle) _____ c. (Last) <u>Day</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>8 - 15 - 1953</u>				
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never Married</u>	<b>8. DATE OF BIRTH</b> <u>Not Known</u>	<b>9. AGE</b> (In years last birthday) <u>about 80</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 MIN. Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Monroe County</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> _____	
<b>13a. FATHER'S NAME</b> <u>Not Known</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Not Known</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Not Known</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes</u>		<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mildred Gillum</u> <b>ADDRESS</b> <u>1909 Settles St</u>				
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>athero Sclerosis</u> DUE TO (c) _____				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 days</u>		
<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>331X</u>				
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____				
<b>22. I hereby certify that I attended the deceased from</b> <u>8-12, 1953</u> <b>to</b> <u>8-15, 1953</u> <b>that I last saw the deceased alive on</b> <u>8-12, 1953</u> <b>and that death occurred at</b> <u>11:5 a. m.</u> , <b>from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <u>Dr. H. A. Deady M.D.</u> (Degree or title)			<b>23b. ADDRESS</b> <u>Hannibal MO</u>		<b>23c. DATE SIGNED</b> <u>9-5-53</u>		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) _____		<b>24b. DATE</b> <u>Aug 17 - 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Robinson Cem</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Hannibal MO</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>9/10/53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>W. M. Lucke</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Geo E Roberts</u> <b>ADDRESS</b> <u>Hannibal MO</u>			

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

SEP 17 1952

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED SEP 17 1952

---

---

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 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.