

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39722**

Lanning FILED DEC 8 1953		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 343		Registrar's No. 409		
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		e 644		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital				d. STREET ADDRESS (If rural, give location) 2432 Market St.,				
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Cooper c. (Last) McGee			4. DATE OF DEATH (Month) (Day) (Year) 11-26-53					
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/16/1864	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days	IF UNDER 1 Wks. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Rails County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John McGee			13b. MOTHER'S MAIDEN NAME Nancy Wilson		14. NAME OF HUSBAND OR WIFE Mary Ann McGee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Ann McGee, 2432 Market				
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 Hannibal, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asthenic degenerative heart disease INTERVAL BETWEEN ONSET AND DEATH 1 year ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4200 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis fibrous stenosis						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 Nov 18, 1953 , to Nov 26, 1953 , that I last saw the deceased alive on Nov 26, 1953 and that death occurred at 10:45 P m. , from the causes and on the date stated above.								
23a. SIGNATURE Robert Lanning M.D. (Degree or title)				23b. ADDRESS Hannibal, Mo		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/30/53		24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Pk		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.		
DATE REC'D BY LOCAL REG. 11/30/53		REGISTRAR'S SIGNATURE H. C. Fisher Deputy		25. FUNERAL DIRECTOR'S SIGNATURE H. M. O'Donnell		ADDRESS Hannibal Mo		

(Licensed Embalmer's Statement on Reverse Side)

189-0

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

RECEIVED DEC 7 1953
MARION CO. HEALTH DEPT.
DATE FILED DEC 7 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 H. M. O'Connell

Licensed Embalmer No. 3889

P. O. Address Shunle

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.

[Handwritten signature]