

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43625**

FILED JAN 4 1954

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 432			
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) 12/19/53		c. CITY OR TOWN Hannibal		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital				e. STREET ADDRESS (If rural, give location) 1928 Harrison Hill				0648	
3. NAME OF DECEASED (Type or Print) a. (First) Olivia Moore Fairlamb			b. (Middle)			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) December 22, 1953			5. SEX Female			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH May 4, 1860			9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 93 7 18			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX			10b. KIND OF BUSINESS OR INDUSTRY XX			11. BIRTHPLACE (City and State or Foreign Country) Bucks County Pennsylvania			
12. CITIZEN OF WHAT COUNTRY? U S A			13a. FATHER'S NAME - John Gills Moore			13b. MOTHER'S MAIDEN NAME Elizabeth Lippincott			
14. NAME OF HUSBAND OR WIFE John Franklin Fairlamb (deceased)			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Mrs. W.N. Pettibone			ADDRESS Hannibal Missouri			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) hypostatic pneumonia			
19. 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) 119 (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			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 12/18/53 , 19___, to 12/22/53 , 19___, that I last saw the deceased alive on 12/22/53 , 19___, and that death occurred at 12:25A.m. , from the causes and on the date stated above.			23a. SIGNATURE F. E. Suetzmann M.D.F.A.C.S.			23b. ADDRESS 115 N. 5th St., Hannibal, Mo			
23c. DATE SIGNED 12/22/53			24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE 12/28/53			
24c. NAME OF CEMETERY OR CREMATORY Woodlawn			24d. LOCATION (City, town, or county) (State) New York City New York			25. FUNERAL DIRECTOR'S SIGNATURE Do. E. M. Lusk			
DATE REC'D BY LOCAL REG. 12-24-53			REGISTRAR'S SIGNATURE Do. E. M. Lusk			ADDRESS Hannibal Missouri			

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

RECEIVED DEC 29 1953
MARION CO. HEALTH DEPT.
DATE FILE DEC 29 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.....
Signature of Student Embalmer

Signed *H Crawford Smith*.....

Licensed Embalmer No.... 3814

P. O. Address... Hannibal Mi

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.