

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43652**

FILED DEC 22 1953

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **419**

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 R. #1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal R. #1 0640	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) R. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Home			

3. NAME OF DECEASED (Type or Print) George	a. (First)	b. (Middle)	c. (Last) Thomas	4. DATE OF DEATH (Month) (Day) (Year) 11 - 27 - 53
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. M.	8. DATE OF BIRTH June 17 - 1859	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FETTER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) Boone County, Mo	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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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, asphyxia, 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) Cerebral vascular accident		1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c)		unknown
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 **Nov. 27, 1953**, to **Nov. 27, 1953** that I last saw the deceased alive on **Nov. 27, 1953**, and that death occurred at **1 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Janilla M. Roberts (Degree or title) M.D.	23b. ADDRESS 707 Bdwy, Hannibal, Mo.	23c. DATE SIGNED 12-14-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Nov. 29 - 53	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Robinson	24d. LOCATION (City, town, or county) (State) Hannibal Mo
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DATE REC'D BY LOCAL REG. 12-16-53	REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Fisher	25. FUNERAL DIRECTOR'S SIGNATURE W. E. Roberts	ADDRESS Hannibal
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(Licensed Embalmer's Statement on Reverse Side)

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

Card sent 0640

DEC 21 1953

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED DEC 21 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 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.