

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9397**
Registrar's No. **76**

BIRTH NO. FILED **MAR 18 1954** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

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

3

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 town) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal 10644	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mason Hosp, US Hy 61		d. STREET ADDRESS (If rural, give location) 2004 Gordon St.,	
3. NAME OF DECEASED (Type or Print) a. (First) Ruth		b. (Middle) Dabner	
c. (Last) Dabner		4. DATE OF DEATH (Month) (Day) (Year) 3-10-54	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 10/19/1900
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	11. BIRTHPLACE (State or foreign country) Palmyra, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles McClary	
13b. MOTHER'S MAIDEN NAME Mattie Willie		14. NAME OF HUSBAND OR WIFE - - -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. - - -	
17. INFORMANT'S SIGNATURE OR NAME Albert Julius, Palmyra, Mo.		ADDRESS - - -	
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) Broken Neck ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) As a result of injuries sustained by being struck by a car DUE TO (c) car II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8124 25	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3 2 9	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE-HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Marion Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-10-54 6:14 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by a car	
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 6:14 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. M. O'Donnell 3rd Corner		23b. ADDRESS Hannibal Mo	
23c. DATE SIGNED 3-12-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/13/54	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) Palmyra, Mo.
DATE REC'D BY LOCAL REG. 3/13/54	REGISTRAR'S SIGNATURE H. M. O'Donnell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Michael J. O'Donnell Hannibal Mo	

RECEIVED MAR 17 1954
MARION CO. HEALTH DEPT.
DATE FILED MAR 17 1954

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

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.