

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

93999

State File No.

BIRTH FILED MAR 22 1954 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (In this place)		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 <u>928 S. Arch St</u>		e. STREET ADDRESS (If rural, give location) <u>928 S. Arch St</u> <u>0648</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) c. (Last) <u>Foley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-54</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>1889</u>	
9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>9</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>		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 <u>George Foley</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>1310 E. Gordon</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>3-3-</u> , 19 <u>54</u> , to <u>3-7-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-3-</u> , 19 <u>54</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. M. Lucke, M.D.</u>		23b. ADDRESS <u>910 Broadway Hannibal</u>	
23c. DATE SIGNED <u>3-16-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar. 11-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/17/54</u>		REGISTRAR'S SIGNATURE <u>E. M. Lucke</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. M. Lucke</u>		ADDRESS <u>1490 E. Roberts Hannibal</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 20 1954

MARION CO. HEALTH DEPT.

DATE FILED FEB 20 1954

FEB 17 1956

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 *Geo E Roberts*

Licensed Embalmer No. *211*

P. O. Address *Hann*

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.