

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12686

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 437

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 OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 422 North Seventh		e. STREET ADDRESS (If rural, give location) 427 North Seventh			

3. NAME OF DECEASED (Type or Print) a. (First) William Miles Cary			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 28, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 24, 1863		9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months 3 Days 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Marion County Missouri			12. CITIZEN OF WHAT COUNTRY? U S A		

13a. FATHER'S NAME Milton M. Cary		13b. MOTHER'S MAIDEN NAME Sarah Torrence		14. NAME OF HUSBAND OR WIFE Mary Elizabeth Fry Cary			
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. George B. Schultz Hannibal Missouri			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver						INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
		ANTECEDENT CAUSES Morbidity 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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1561						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 April 24, 1954, to April 28, 1954, that I last saw the deceased alive on April 28, 1954, and that death occurred at 5:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE Glenn R. Miller		(Degree or title) DO		23b. ADDRESS Hannibal, Mo.		23c. DATE SIGNED 4-30-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/30/54		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) Palmyra Missouri	
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DATE REC'D BY LOCAL REG. 5-7-54		REGISTRAR'S SIGNATURE Dr. E.M. Lucke		1954-01 FUNDING DIRECTOR'S SIGNATURE By W. Fisher		ADDRESS Hannibal Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 11 1954

MARI... HEALTH DEPT.

DATE FILED NOV 11 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em...
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. Crawford Smith*.....

Licensed Embalmer No. 38.

P. O. Address.. Hannibal, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I...
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.