No. 200
10.48

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

STANDARD CERTIFICATE OF DEATH

State File No. 28259

BIRTH NO. FILED SEP 9 1954 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 2621

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
d. STREET ADDRESS (If rural, give location): 306 So. 5th St.

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3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): Lyons
c. (Last): Brady

4. DATE OF DEATH (Month) (Day) (Year): 8-24-54

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2/25/1875
9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hannibal, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Patrick Lyons
13b. MOTHER'S MAIDEN NAME: Bridget Griffen
14. NAME OF HUSBAND ~~OR WIFE~~: Michael Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: William L. Brady
ADDRESS: Fairborn, Ohio

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uterine Ca — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) original stem cancer
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: 1999
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1954, *to* 8-24-, 1954, *that I last saw the deceased alive on* 8-24, 1954, *and that death occurred at* 7:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. Francka MD
(Degree or title):
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 8-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/28/54
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal, Mo.

DATE REC'D BY LOCAL REG.: 8/30/54
REGISTRAR'S SIGNATURE: Dr. M. Lucke M.D. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: H. M. Blewell
ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 7 1954
MARION CO. HEALTH DEPT.
DATE FILED SEP 7 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 L. M. O'Donnell

Licensed Embalmer No. 3889

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.