

FILED SEP 27 1954

STANDARD CERTIFICATE OF DEATH

11-235

State File No. 273

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>273</u>	
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 town) <u>Hannibal</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>709 Hayward St.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				0644			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>		b. (Middle) <u>Herbert</u>		c. (Last) <u>Hirner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9/3/54</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9/7/1927</u>	
9. AGE (In years last birthday) <u>26</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meter Rdr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bd. Pub Wks.</u>		11. BIRTHPLACE (State or foreign country) <u>Hannibal, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ernest Hirner</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor Bockhold</u>		14. NAME OF HUSBAND OR WIFE <u>Deloris L. Hirner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY (If yes, give war or date of service) <u>Korean Affairs 491-26-9120</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Deloris L. Hirner, 709 Hayward St.,</u>			
18. CAUSE OF DEATH <u>Keloid Abscess</u> Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <u>Hannibal, Mo.</u>				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BROKEN NECK AND CRUSHED CHEST</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>RFD #5,</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mason Tnsp Marion Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-3-54 9:45P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident.</u>			
22. I hereby certify that I attended the deceased from <u>NO MEDICAL ATTENTION</u> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. M. O'Connell</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>9/4/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/7/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Pl.</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo., Ralls Co.</u>	
DATE REC'D BY LOCAL REG. <u>9/7/54</u>		REGISTRAR'S SIGNATURE <u>N. B. Lucka</u>		1890 <u>N. C. Fisher Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Michael J. O'Connell Hannibal</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 23 1951
MALDEN CO. HEALTH DEPT.
DATE FILED SEP 22 1951

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.