

STANDARD CERTIFICATE OF DEATH

State File No. **34614**BIRTH NO. **FILED OCT 26 1954** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **318**

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) Hannibal		c. CITY OR TOWN Hannibal		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital				e. STREET ADDRESS (If rural, give location) 222 N. 7th St., 0642				
3. NAME OF DECEASED (Type or Print) a. (First) Genevieve			b. (Middle) B.		c. (Last) Dalton		4. DATE OF DEATH (Month) (Day) (Year) 10-17-54	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/15/1900		9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. 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 (City and State or Foreign Country) Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John L. Richards			13b. MOTHER'S MAIDEN NAME Lucy Watkins		14. NAME OF HUSBAND OR WIFE George Dalton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Dalton, 222 N. 7th St.,				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemiplegia				MEDICAL CERTIFICATION Hannibal, Mo.		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease				unknown		
		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 443X						
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 10/16 , 1954, to 10/17 , 1954, that I last saw the deceased alive on 10/17 , 1954, and that death occurred at 8:50A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) [Signature] M.D.				23b. ADDRESS Hannibal, Missouri		23c. DATE SIGNED 10/19/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/19/54	24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Pk.		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.			
DATE REC'D BY LOCAL REG. 10-20-54		REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Fisher		25. FUNERAL DIRECTOR'S SIGNATURE Michael & O'Donnell		ADDRESS [Address]		

RECEIVED

OCT 25 1954

MARION CO. HEALTH DEPT.

DATE FILED OCT 25 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.....
Signature of Student Embalmer

Signed *Michael J. O'Connell*.....

Licensed Embalmer No. *3346*

P. O. Address *Hamlet*

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.