

STANDARD CERTIFICATE OF DEATH

34624

State File No.

FILED OCT 26 1954

BIRTH NO. ... REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 317

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) Hannibal		c. CITY OR TOWN Hannibal	
c. LENGTH OF STAY (In this place)		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 Levering Hospital		e. STREET ADDRESS (If rural, give location) 922 Vermont St.	

3. NAME OF DECEASED (Type or Print) Frances E. Holman			4. DATE OF DEATH 10-9-54		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 12/24/1881		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
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) New London, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME E. G. Matson		13b. MOTHER'S MAIDEN NAME Julia Chinn		14. NAME OF HUSBAND OR WIFE J. W. Holman	
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 J. W. Holman, 922 Vermont.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Hannibal, Mo.		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		DUE TO (b) Chr. myocarditis, arteriosclerotic in type		2 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Hypertrophic arthritis, generalized		5 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5 yrs.	

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)		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 <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 9/6/54, 1954, to 10/9, 1954, that I last saw the deceased alive on 10/9, 1954, and that death occurred at 9:20P 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 10/16/54		24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Pl.	
				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. Fisher		25. FUNERAL DIRECTOR'S SIGNATURE Michael J. O'Rourke	
				ADDRESS Hannibal, Mo.	

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

OCT 25 1954

RECEIVED

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'Hannell*

Licensed Embalmer No. *3246*

P. O. Address *Harrison*

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.