

M. L. Green

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38033**

FILED NOV 22 1954

BIRTH NO.		REG. DIST. NO. <i>209</i>	PRIMARY REG. DIST. NO. <i>3043</i>	Registrar's No. <i>343</i>
1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (When 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. LENGTH OF STAY (In this place)	c. CITY OR TOWN Hannibal	d. If Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2310 Chestnut St.,		e. STREET ADDRESS (If rural, give location) 2310 Chestnut <i>0640</i>		
3. NAME OF DECEASED (Type or Print) a. (First) Rosa		b. (Middle) E.	c. (Last) Scyoc	4. DATE OF DEATH (Month) (Day) (Year) 11-9-54
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 24, 1868	9. AGE (In years last birthday) 86 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 (City and State or Foreign Country) Hannibal, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Nicholas Demmer		13b. MOTHER'S MAIDEN NAME Catherine -----		14. NAME OF HUSBAND OR WIFE David R.
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.	17. INFORMANT'S SIGNATURE AND ADDRESS Melba R. Scyoc, 2310 Chestnut	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage left ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 10 days 4 yrs 4 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X			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)	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 6-22-50 , 19___, to 11-9-54 , 19___, that I last saw the deceased alive on 11-9-54 , 19___, and that death occurred at 10:20 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE <i>M. L. Green</i> (Degree or title)		23b. ADDRESS M. D. 100 N. Sixth, Hannibal, Mo.		23c. DATE SIGNED 11-13-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/12/54	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. <i>11/12/54</i>	REGISTRAR'S SIGNATURE <i>St. Louis</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Michael J. O'Connell</i> Hannibal, Mo.		

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

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1964
RECEIVED
MARION CO. HEALTH DEPT
DATE FILED NOV 18 1964

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'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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.