

STANDARD CERTIFICATE OF DEATH

1761

State File No. _____
Registrar's No. 16

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

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 township) <u>Hannibal</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>	0644
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>		d. STREET ADDRESS (If rural, give location) <u>718 Grand Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie Lee Anna</u> b. (Middle) <u>Mudd</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-55</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>6-19-1892</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 18 HRS. Hours	IF UNDER 18 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Monroe County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>James H. Mudd</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Twell</u>		14. NAME OF HUSBAND OR WIFE <u>- -</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Alice Mudd, 718 Grand,</u>		
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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 Hannibal, Mo.			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chl. Myocarditis</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Disease</u>			?	
		DUE TO (c) <u>Arteriosclerosis, Hypertension, Leukemia</u>			?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Occultation blood, severe</u>					?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7230</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>Hannibal, Mo. Monroe County, Missouri</u>	
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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?	
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22. I hereby certify that I attended the deceased from 1/8/55, 1955, to 1/18/55, 1955, that I last saw the deceased alive on 1/18/55, 1955, and that death occurred at 11:30A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert J. Lanning M.D.</u>		23b. ADDRESS <u>Hannibal, Mo.</u>		23c. DATE SIGNED <u>1/19/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/20/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Indian Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Monroe County, Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>1-20-55</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Locke By W.C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edith O'Donnell Hannibal Mo</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 25 1955
MARION CO. HEALTH DEPT.
DATE FILED JAN 25 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

L. M. O'Donnell

Signed.....
Student Embalmer

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.