

FILED JAN 21 1955

STANDARD CERTIFICATE OF DEATH

1763

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 9

1. PLACE OF DEATH

a. COUNTY Marion

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Marion

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 0644

d. STREET ADDRESS (If rural, give location) 711 Walnut 0

3. NAME OF DECEASED (Type or Print)

a. (First) Clarence b. (Middle) W. c. (Last) Passmore

4. DATE OF DEATH (Month) (Day) (Year) 1-11-1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 11/8/1902 9. AGE (In years last birthday) 56 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) Laborer

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Kirkville, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William L. Passmore 13b. MOTHER'S MAIDEN NAME Catherine Zella 14. NAME OF HUSBAND OR WIFE Dora Mae Passmore

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 OR NAME ADDRESS Dora Mae Passmore, 711 Walnut

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) inoperable widespread carcinoma

INTERVAL BETWEEN ONSET AND DEATH _____

ANTECEDENT CAUSES

**This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.*

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) primary bronchogenic carcinoma of lung

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 _____

20. AUTOPSY? YES NO 162X

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 11-10-54, to 1-10-55, 1955, that I last saw the deceased alive on 1-9-55, 1955, and that death occurred at 2:55A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R M Strong MD 23b. ADDRESS 115 N. 5th St. Hannibal, Mo. 23c. DATE SIGNED 1-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-13-55 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 24d. LOCATION (City, town, or county) (State) Hannibal, Mo.

DATE REC'D BY LOCAL REG. 1-17-55 REGISTRAR'S SIGNATURE Dr. E. M. Lucke 184-127 FUNERAL DIRECTOR'S SIGNATURE Michael J. O'Donnell ADDRESS Hannibal Mo

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

RECEIVED JAN 20 1955
MARION CO. HEALTH DEPT.
DATE FILED JAN 20 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 Michael J. O'Donnell

Signed.....
Student Embalmer

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.