No. 300
10.48

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1772

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 4

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

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 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) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hannibal 0644
d. STREET ADDRESS (If rural, give location) 904 Butler 0

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) E c. (Last) Stevenson

4. DATE OF DEATH (Month) (Day) (Year) 1-7-1955

5. SEX Female 3
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1/10/1896
9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months 11 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hannibal, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Eugene Berkley
13b. MOTHER'S MAIDEN NAME Anna-----
14. NAME OF HUSBAND OR WIFE John H. Stevenson

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 ADDRESS John H. Stevenson, 904 Butler Hannibal, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) burns & Suffocation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

E9160
16

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal 119 Marion Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-7-1955 4:40 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? House burned

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. M. O'Donnell Coroner
23b. ADDRESS Hannibal Mo
23c. DATE SIGNED 1/10/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/11/55
24c. NAME OF CEMETERY OR CREMATORY Robinson Cemetery
24d. LOCATION (City, town, or county) (State) Hannibal, Mo.

DATE REC'D BY LOCAL REG. 1-11-55
REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Fisher 189-01
25. FUNERAL DIRECTOR'S SIGNATURE Michael J. O'Donnell ADDRESS Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 17 1955
MARION CO. HEALTH DEPT.
DATE FILED JAN 17 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.