

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1955

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		c. CITY OR TOWN HANNIBAL	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 MIN		e. STREET ADDRESS (If rural, give location) 822 SILVER ST. 0670	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 718 S/CAMORE ST.			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM RUSSELL b. (Middle) SREWSBERY c. (Last) SREWSBERY			4. DATE OF DEATH (Month) (Day) (Year) 2-11-1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 25, 1896	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR: Hours 5 Minutes 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UTILITY SERVICE OPER.		10b. KIND OF BUSINESS OR INDUSTRY ATLAS CEMENT PLANT.		11. BIRTHPLACE (City and State or Foreign Country) ONIEDA TENN.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME THOMAS SREWSBERY	13b. MOTHER'S MAIDEN NAME MILLIE SEXTON	14. NAME OF HUSBAND OR WIFE MURTLE SREWSBERY
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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) NO	16. SOCIAL SECURITY NO. 490-07-686	17. INFORMANT'S SIGNATURE OR NAME Mrs. Murtle Srewsbery - Hannibal, Mo	ADDRESS Hannibal, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute CVA.		INTERVAL BETWEEN ONSET AND DEATH 5 min
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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)
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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 **2/11**, 19**55**, to **2/11**, 19**55**, that I last saw the deceased alive on **2-11**, 19**55**, and that death occurred at **6:30A** m., from the causes and on the date stated above.

23a. SIGNATURE R M Strong MD (Degree or title)	23b. ADDRESS Hannibal, Mo	23c. DATE SIGNED 2-12-55
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24a. BURIAL, CREATION REMOVAL (Specify) BURIAL	24b. DATE 2-14-55	24c. NAME OF CEMETERY OR CREMATORY Int. Olivet Cem.	24d. LOCATION (City, town, or county) (State) Hannibal, Mo
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DATE REC'D BY LOCAL REG. 2-14-55	REGISTRAR'S SIGNATURE Dr. E.M. Lucke By W.C. Fisher	25. FUNERAL DIRECTOR'S SIGNATURE Ralph Clark ADDRESS Hannibal, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 18 1955
MARION CO. HEALTH DEPT.
DATE FILED FEB 18 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph Clark*

Licensed Embalmer No. *4217*

P. O. Address..... *Emmetsville*

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.