

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 12 1955

8322
State File No. 99

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

1. PLACE OF DEATH a. COUNTY MARION			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe 05-90		
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal #		c. LENGTH OF STAY (In this place) 6 yrs.	c. CITY OR TOWN Monroe City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Longs Rest Home 3301 Mkt St			STREET ADDRESS (If rural, give location) 207 Catherine		
3. NAME OF DECEASED a. (First) MATTIE b. (Middle) J. c. (Last) HANNAH.			4. DATE OF DEATH (Month) (Day) (Year) APRIL 3 1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED 2	8. DATE OF BIRTH OCTOBER 1- 1860	9. AGE (In years less birthday) 94 1/4	IF UNDER 1 YEAR Months 6 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY OWN Home	11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS /		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George JOHNSON		13b. MOTHER'S MAIDEN NAME HANNA Corey		14. NAME OF HUSBAND OR WIFE WILLIAM J. HANNAH.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME R.M. Nickerson ADDRESS Monroe 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND 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		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)	4201
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 **Jan**, 1955, to **April 3, 1955**, that I last saw the deceased alive on **April 3, 1955**, and that death occurred at **3:45 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE W.A. Beeler M.D. (Degree or title)		23b. ADDRESS Hannibal Mo.		23c. DATE SIGNED April 4/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-5-1955	24c. NAME OF CEMETERY OR CREMATORY St. Lutes Cemetery	24d. LOCATION (City, town, or county) (State) Monroe City, Missouri		
DATE REC'D BY LOCAL REG. 4/4/55	REGISTRAR'S SIGNATURE Stem Lucke Rgt. C. Fisher 189-D		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILSON & SONS, Monroe City, Mo.		

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

RECEIVED APR 9 1955
MARION CO. HEALTH DEPT.
DATE FILED APR 9 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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Leslie L. Nelson

Licensed Embalmer No. 301

P. O. Address Monroe City

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.