

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8828**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 5		c. LENGTH OF STAY (In this place) c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Home		e. STREET ADDRESS (If rural, give location) Masonic Home RFD 1	
3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) _____ c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) 3 - 16 - 1954	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH not known
9. AGE (In years last birthday) about 80		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY not known	11. BIRTHPLACE (City and State or Foreign Country) not known
12. CITIZEN OF WHAT COUNTRY? 9		13a. FATHER'S NAME not known	
13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE not known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. not known	
17. INFORMANT'S SIGNATURE OR NAME Wm McDaniel		ADDRESS Masonic Home RFD 1	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic Heart DUE TO (c) Disease	
INTERVAL BETWEEN ONSET AND DEATH 1 hr.		2. 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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 Mar 16 , 1955, to Mar 16 , 1955, that I last saw the deceased alive on March 16 , 1955, and that death occurred at 11:30 a m. , from the causes and on the date stated above.			
23a. SIGNATURE Wm McDaniel		(Degree or title) 0	
23b. ADDRESS 407 Broadway		23c. DATE SIGNED 3/22/55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar. 19 - '55	
24c. NAME OF CEMETERY OR CREMATORY Robinson		24d. LOCATION (City, town, or county) (State) Hannibal	
DATE REC'D BY LOCAL REG. 3-29-55		REGISTRAR'S SIGNATURE Dr. E. M. Lanck	
F. FUNERAL DIRECTOR'S SIGNATURE Geo E. Roberts		ADDRESS Hannibal	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 1 1955
MARION CO. HEALTH DEPT.
DATE FILED APR 1 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 *Geo E Roberts*

Licensed Embalmer No. *2113*

P. O. Address *Hamm*

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.