

STANDARD CERTIFICATE OF DEATH

State File No. **16035**

FILED JUN 14 1955

BIRTH NO. 77239-54 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 165

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 2006 Settles St

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

a. STATE Missouri b. COUNTY Marion

c. CITY OR TOWN Hannibal

d. Is residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 2006 Settles St

3. NAME OF DECEASED (Type or Print)

a. (First) Melvin b. (Middle) D c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) 4-15-55

5. SEX Male **6. COLOR OR RACE** Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 7/5/54 **9. AGE** (In years last birthday) 9 **IF UNDER 1 YEAR** Months 9 Days 0 **IF UNDER 24 HRS.** Hours 0 Mins. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Hannibal MO: 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME William Smith **13b. MOTHER'S MAIDEN NAME** Florence Simon **14. NAME OF HUSBAND OR WIFE**

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.

17. INFORMANT'S SIGNATURE OR NAME William Smith **ADDRESS.** 2006 Settles St

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic hepatitis

ANTECEDENT CAUSES

**This does not mean the mode of dying, such as heart failure, asthenia, 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) dehydration

DUE TO (c) frimber

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

INTERVAL BETWEEN ONSET AND DEATH 4 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 5710

20. AUTOPSY? YES NO

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) (m.)

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Samuel B. Sanders (Degree or title) 0 **23b. ADDRESS** Hannibal, Missouri **23c. DATE SIGNED** 4/22/55

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE April 18, 1955 **24c. NAME OF CEMETERY OR CREMATORY** Robinson **24d. LOCATION** (City, town, or county) (State) Hannibal, Mo.

DATE REC'D BY LOCAL REG. June 6-1955 **REGISTRAR'S SIGNATURE** WEM Lucke **25. FUNERAL DIRECTOR'S SIGNATURE** W E Roberts **ADDRESS** Hannibal

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

RECEIVED JUN 13 1958
MARION CO. HEALTH DEPT.
DATE FILED JUN 13 1958

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 Hannibal

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.