

STANDARD CERTIFICATE OF DEATH

State File No. **30179**

FILED OCT 7 - 1955 **57970-55709**

Registrar's No. **294**

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 294	
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 OR TOWN Hannibal		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 checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital				e. STREET ADDRESS (If rural, give location) 1018 Hayworth St., 06475			
3. NAME OF DECEASED (Type or Print) a. (First) Mark b. (Middle) Edwin c. (Last) Mowen			4. DATE OF DEATH (Month) (Day) (Year) 9/10/55				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 9/10/55		9. AGE (In years last birthday)	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)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) C Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bob Mowen		13b. MOTHER'S MAIDEN NAME Doris Jane Wilson		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) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bob Mowen, 1018 Hayworth, Hannibal			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature labor (22 wks) DUE TO (c) Premature rupture of membranes 2 weeks II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7615					INTERVAL BETWEEN ONSET AND DEATH 5 hrs 10 min	
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)			
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?			
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 9:39P m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Frank R. Burns, M.D.				23b. ADDRESS Hannibal, Missouri		23c. DATE SIGNED 9-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/12/55	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Hannibal, Missouri		
DATE REC'D BY LOCAL REG. 10-3-55		REGISTRAR'S SIGNATURE Dr. Em. Lucke		FUNERAL DIRECTOR'S SIGNATURE Michael & C. Howell		ADDRESS Hannibal, Mo	

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

RECEIVED OCT 6 1955
MARION CO. HEALTH DEPT.
DATE FILED OCT 6 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 *Michael J. Donnell*.....

Licensed Embalmer No. *3295*

P. O. Address *Hennibal*.....

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.