

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34058

67047-55  
FILED NOV 2 1955

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 322

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	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 <u>Levering Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>704 Lindell Ave.,</u> <u>0644</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Tapley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-28-1955</u>
-------------------------------------	---------------------------	-----------------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>10/25/55</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 4 HRS. Hours <u>3</u> 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) <u>Hannibal, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Harold Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Patricia Tapley</u>	14. NAME OF HUSBAND OR WIFE <u>- -</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Patricia Tapley</u>	ADDRESS <u>704 Lindell Av</u>
--	-------------------------	--	-------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Pulmonal</u>		MEDICAL CERTIFICATION <u>Hannibal, Mo.</u>  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) <u>atelectasia, Right</u> DUE TO (c) <u>Pneumonia</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7635</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:20A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hand B. Landrum, M.D.</u> (Degree or title)	23b. ADDRESS <u>Hannibal, Missouri</u>	23c. DATE SIGNED <u>10/28/55</u>
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/29/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barry Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barry, Illinois</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10-29-55</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McKeag &amp; Johnson</u>	ADDRESS <u>Hannibal Mo</u>
--	--	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 1 1955  
MARION CO. HEALTH DEPT.  
DATE FILED NOV 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 *Michael J. O'Donnell*.....

Licensed Embalmer No. *325*

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.