

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37835**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **274**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY OR TOWN <b>Moberly</b>	c. LENGTH OF STAY (in this place township) <b>6 weeks</b>	c. CITY OR TOWN <b>Cairo</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mc Cormick Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>None</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MATTIE FLORENCE</b> b. (Middle) _____ c. (Last) <b>HANNAH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. - 12 - 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Aug-25-1873</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>spinster</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Cairo Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Joseph Alexander Hannah</b>	13b. MOTHER'S MAIDEN NAME <b>Senith Isabell King</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss. Bell Hannah</b>	ADDRESS <b>Cairo Mo</b>
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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) <b>Hypostatic pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b>		
	DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4222</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **Jan**, 1954, to **Nov 12**, 1955, that I last saw the deceased alive on **Nov 12**, 1955, and that death occurred at **2:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. H. M. McCormick D.O.</b>	23b. ADDRESS <b>300 1/2 Reed St. Moberly Mo.</b>	23c. DATE SIGNED <b>11-12-55</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov-14-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grand Prairie Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cairo Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-14-55</b>	REGISTRAR'S SIGNATURE <b>Sealover</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cater Funeral Home Moberly Mo.</b>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 3 1959

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.....  
*R. M. Carter*

Licensed Embalmer No. *411*

P. O. Address *Moberly, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.