

FILED FEB 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. 2016

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>39</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Adams</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Quincy</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D. C. A. Levering Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>408 1/2 Kentucky</u>					
3. NAME OF DECEASED (Type or Print) <u>Kitty Fern Saxbury</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>January 30, 1956</u>		(Month)		(Day)		(Year)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>November 6, 1890</u>		9. AGE (In years last birthday) Months Days <u>65</u> <u>2</u> <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ElDara Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>J. Byrd</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Stanbridge</u>			14. NAME OF HUSBAND OR WIFE <u>William Saxbury</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> <u>None</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Saxbury Quincy Illinois</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prob Coronary Heart Dis</u> <u>died before reaching Hospital</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>one minute</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		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 <u>1-30, 1956</u> , to <u>1-30, 1956</u> , that I last saw the deceased alive on <u>2-2, 1956</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. A. Anderson, M.D.</u>				(Degree or title)		23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>2-2-56</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/2/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Payson</u>		24d. LOCATION (City, town, or county) (State) <u>Payson Illinois</u>			
DATE REC'D BY LOCAL REG. <u>2-2-56</u>		REGISTRAR'S SIGNATURE <u>W. A. Anderson, M.D.</u>			FEDERAL DIRECTOR'S SIGNATURE <u>W. A. Anderson, M.D.</u>		ADDRESS <u>Hannibal Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 4 1956

RECEIVED
MARION CO. HEALTH DEPT.

FEB 4 1956

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 *H Crawford Smith*

Licensed Embalmer No.....3814

P. O. Address...Hannibal, Mis

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.