S. No. 300
10-48

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5635

State File No. .....

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

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): 1100 Lyon St

0644

3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle): Joseph
c. (Last): Huggins

4. DATE OF DEATH (Month) (Day) (Year): 2 - 13 - 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 30, 1881
9. AGE (In years last birthday): 74 — 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): Manager
10b. KIND OF BUSINESS OR INDUSTRY: Theater
11. BIRTHPLACE (City and State or Foreign Country): Palmyra, Mo.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Joseph B Huggins
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Carroll
14. NAME OF HUSBAND OR WIFE: Josephine Huggins

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: Mortelle Huggins — ADDRESS: Hannibal, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Feb 9-56

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic
DUE TO (c): Heart Disease Hypertension

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
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* Jan, 1956, *to* Feb 13, 1956, *that I last saw the deceased alive on* Feb 13, 1956, *and that death occurred at* 10:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Mo
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 2-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-17 56
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal, Mo.

DATE REC'D BY LOCAL REG.: 2-15-56
REGISTRAR'S SIGNATURE: Dr E M Luke — by 184 W C Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Ralph Clark — ADDRESS: Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 17 1958
MARION CO. HEALTH DEPT.
DATE FILED FEB 17 1958

STATEMENT OF LICENSED EMBALMER

I hereby [illegible] whose name is recorded on the reverse side of this certificate was embalm

by me, or by ..... Student Embalmer No.....

working under my personal supervision.

Student..... ..... Signature of Student Embalmer

Signed Ralph O. Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo

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