

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5638

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>75</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>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>				c. LENGTH OF STAY (in this place) OR TOWN <u>5 days</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>				d. STREET ADDRESS (If rural, give location) <u>812 1/2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>			b. (Middle) <u>C.</u>			c. (Last) <u>Likes</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mc h. 3, 1956.</u>							
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 3, 1886</u>	
9. AGE (In years last birthday) <u>69</u>		F UNDER 1 YEAR Months		F UNDER 1 YEAR Days		F UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CB&Q Railroad</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Freight handler</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Hadley, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>							
13a. FATHER'S NAME <u>Abraham Likes</u>			13b. MOTHER'S MAIDEN NAME <u>Olive Gard</u>			14. NAME OF HUSBAND OR WIFE <u>Zula Likes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carl C. Likes</u> ADDRESS <u>New Canton, Ill.</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>Pulmonary emphyema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u>				3 yrs.	
		DUE TO (c) <u>Hypertensive cardio vascular disease</u>				3 yrs.	
		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 <u>260x</u>				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 <u>Feb. 28, 1956, to March 3, 1956</u> , that I last saw the deceased alive on <u>March 3, 1956</u> , and that death occurred at <u>7:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jim Canella M.D.</u> (Degree or title)				23b. ADDRESS <u>707 Bdw, Hannibal, Mo.</u>		23c. DATE SIGNED <u>3-6-56</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)		24b. DATE <u>3/5/1956.</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Funeral Home, Barry Illinois</u>		24d. LOCATION (City, town, or country) (State) <u>New Canton, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>3/5/56</u>		REGISTRAR'S SIGNATURE <u>W. M. Luke R. H. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton Smith</u> ADDRESS <u>Hannibal, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED MAR 10 1956
MARION CO. HEALTH DEPT.,
DATE FILED MAR 10 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 _____

This body was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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 this body is not embalmed, fact should be so stated above.