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FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9786

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 92

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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY OR TOWN <u>New Canton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 Days</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route #1208</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Beveering Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Iola</u> b. (Middle) <u>Marie</u> c. (Last) <u>Beavers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 9 1956</u>
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>MAY 7, 1907</u>
9. AGE (in years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ill</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Joe Whitney</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Melniker</u>	14. NAME OF HUSBAND OR WIFE <u>Ed Beavers</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>341-18-8662</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard E. Beavers</u> ADDRESS <u>U.S. Army</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction acute</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial degeneration 8 yr</u> DUE TO (c) <u>Cerebral hemorrhage 4 days</u>		
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	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1955 to Mar 9, 1956 that I last saw the deceased alive on Mar 9, 1956, and that death occurred at 4:45 PM, from the causes and on the date stated above.

23a. SIGNATURE (Name and title) <u>Dr. Russell M. E. Nulley, Ill</u>	23b. ADDRESS <u>BARRY ILL</u>	23c. DATE SIGNED <u>3/12/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>BARRY ILL</u>
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DATE REC'D BY LOCAL REG. <u>3-17-56</u>	REGISTRAR'S SIGNATURE <u>Dr. Emducke By W. Chaker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. S. Cook</u> ADDRESS <u>BARRY ILL</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 24 1956  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 24 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. M. O'Donnell*

Licensed Embalmer No. *386*

P. O. Address *Hansu*

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.