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FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9799  
Registrar's No. 89

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>MARION</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>SHELBY</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>HANNIBAL</b> | c. LENGTH OF STAY (in this place)<br><b>6 WKS.</b> | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>HUNNEWELL</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>ST. ELIZABETH</b>                         |  | d. STREET ADDRESS (If rural, give location)<br><b>TOWNSHIP LIMITS</b>  |  |

|   |                                  |  |  |  |   |
|---|----------------------------------|--|--|--|---|
| 3. NAME OF DECEASED<br>a. (First) <b>TANDY</b> b. (Middle) <b>—</b> c. (Last) <b>HESKETT</b>                  |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>3-9-1956</b>  |  |   |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b> | 8. DATE OF BIRTH<br><b>DEC. 25. 1882</b>                     | 9. AGE (In years last birthday)<br><b>73</b> | IF UNDER 1 YEAR<br>Months <b>1</b> Days <b>14</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>PAINTER</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>HOUSES ETC</b>                   | 11. BIRTHPLACE (State or foreign country)<br><b>ILLINOIS</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>       |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><b>GEORGE HESKETT</b>   | 13b. MOTHER'S MAIDEN NAME<br><b>ELIZABETH HILSON</b> | 14. NAME OF HUSBAND OR WIFE<br><b>MARY HESKETT</b>            |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>None</b>               | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Mary Heskett</b> |
|   |  | ADDRESS<br><b>Hannibal</b>                                    |

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>few min.</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Aneurysmal ulcer</b><br>DUE TO (c) |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|  |  |   |
|--|--|---|
| 19a. DATE OF OPERATION<br><b>3-8-56</b>            | 19b. MAJOR FINDINGS OF OPERATION<br><b>Aneurysmal Fistula -</b>  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)<br><b>5410</b>                      |
| 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 **Feb 1**, 19**56**, to **3-9-**, 19**56**, that I last saw the deceased alive on **2-8**, 19**56**, and that death occurred at **1:30 a. m.**, from the causes and on the date stated above.

|  |                               |   |   |
|--|-------------------------------|---|---|
| 23a. SIGNATURE<br><b>[Signature]</b>                       | (Degree or title)             | 23b. ADDRESS<br><b>Hannibal Mo</b>                    | 23c. DATE SIGNED<br><b>3-14-56</b>                                    |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24b. DATE<br><b>3/12/1956</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>I.O.O.F.</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Hannibal, Mo.</b> |

|  |   |  |                                    |
|--|---|--|------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>3-15-56</b> | REGISTRAR'S SIGNATURE<br><b>[Signature]</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>[Signature]</b> | ADDRESS<br><b>Hannibal City Mo</b> |
|--|---|--|------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

90

RECEIVED MAR 19 1956  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 19 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Harold Garner*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3770

P. O. Address Monroe City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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