

FILED AUG 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27649

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 282

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Hannibal</u>	c. LENGTH OF STAY (in this place) <u>3 mo.</u>	c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Recky Thatcher Nursing</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route # 2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANNA</u>	b. (Middle) <u>KATHERINE</u>	c. (Last) <u>HUGGINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 16 - 56</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 25, 1867</u>	9. AGE (In years (last birthday) Months Days Hours Min. <u>88</u>
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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 <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Palmyra, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Walther</u>	14. NAME OF HUSBAND OR WIFE <u>Albert M. Huggins (dec.)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Million, R.R.#2, Hannibal</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterioscleriotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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) <u>Hannibal (Marion) Mo.</u>
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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? _____
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22. I hereby certify that I attended the deceased from 5/19/56 at 10 PM, to 8/16, 1956, that I last saw the deceased alive on 8/16, 1956, and that death occurred at 3:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert J. Lanning, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Hannibal Mo.</u>	23c. DATE SIGNED <u>8/18/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	b. DATE <u>8-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>R.R.#2, Hannibal, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/20/56</u>	REGISTRAR'S SIGNATURE <u>W. Embucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jack Schwarz</u>	ADDRESS <u>Hannibal, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

189-0

RECEIVED AUG 27 1956
MARION CO. HEALTH DEPT.
DATE FILED AUG 27 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..... *Jack Stewart*
Licensed Embalmer No. *4900*
P. O. Address *Honolulu*

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.