

FILED AUG 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27680**

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5966</u>		Registrar's No. <u>267</u>			
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marion Twp		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Marion Twp		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 Found in Bear Creek Miller Residence, R.F.D. # 3 Hannibal				e. STREET ADDRESS (If rural, give location) R F D # 3 Hannibal					
3. NAME OF DECEASED (Type or Print) Malissa Shimer			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) August 6, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH December 19, 1869			
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Marion County Missouri			
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME John C. Shimer		13b. MOTHER'S MAIDEN NAME Harriett McReynolds		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. T. C. Robinson Hannibal Missouri					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spurring 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marion Missouri Mo		21. HOW DID INJURY OCCUR			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Aug 6 1956 3:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE J. M. McDonnell (Degree or title) Coroner				23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 8-7-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/9/56		24c. NAME OF CEMETERY OR CREMATORY Bear Creek		24d. LOCATION (City, town, or county) (State) Marion County Missouri			
DATE REC'D BY LOCAL REG. 8/9/56		REGISTRAR'S SIGNATURE St. Con. Lumber By H. C. Fisher		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hannibal Missouri					

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

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RECEIVED AUG 16 1958
MARION CO. HEALTH DEPT.
DATE FILED AUG 16 1958

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. Crawford Smith*.....

Licensed Embalmer No...3814....

P. O. AddressHannibal, Miss

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.