

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38760**BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 406

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>1701 Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Marguerite</u>	b. (Middle) <u>Amelia</u>	c. (Last) <u>Morawitz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 16 - 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>Nov 1, 1899</u>	9. AGE (In years Last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Roman Dobezynski</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Besmer</u>		14. NAME OF HUSBAND OR WIFE <u>Arlie Morawitz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Amelia Cess</u> ADDRESS <u>Hannibal, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Cerebral Hemorrhage</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>	
		ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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"/>	
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 11-15, 1956, to 11-16, 1956, that I last saw the deceased alive on 11-15, 1956, and that death occurred at 3:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Cess</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>11-19-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-19-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u> <u>Hannibal, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred Ladd</u>		ADDRESS <u>Hannibal, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 20-1956</u>		REGISTRAR'S SIGNATURE <u>Wm. Lucke</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred Ladd</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 NOV 26 1956
MARION CO. HEALTH DEPT.
DATE FILED NOV 26 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.....

Licensed Embalmer No. 4217.....

P. O. Address..... Hannibal, Mo.

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.