

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42472

STATE FILE NUMBER

FILED JAN 7 1957

Registration District No. 292 Primary Registration District No. 6003 Registrar's No. _____

with, welfare, public, service, 000-56, Doctor, coroner, etc. must use only standard form. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

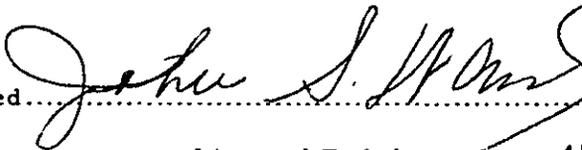
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAY-TOWNSHIP, Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CLAY-TOWNSHIP, Hannibal</u>		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence R R # 1</u>		Length of stay in lb _____	d. STREET ADDRESS (If outside, give location) <u>Rural Route # 1</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ANNIE JANE</u> Middle <u>ROLAND</u> Last <u>BOLING</u>			4. DATE OF DEATH Month <u>December</u> Day <u>30</u> Year <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 21, 1870</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u> Hours _____ Min. _____	
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 _____	11. BIRTHPLACE (City and state or country) <u>Ralls County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13. FATHER'S NAME <u>Samuel Roland</u>			14. MOTHER'S MAIDEN NAME <u>Susie Shulse</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mr. Charles Boling Spalding Missouri</u> Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>					<u>Unknown</u>	
DUE TO (c) _____					<u>33ix</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Found dead in home - no medical attention</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>None</u>				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____		
21. I attended the deceased from <u>no medical attention</u> and last saw her/him alive on _____ Death occurred at <u>7:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Clydes. Wilbey Coroner</u>			22b. ADDRESS <u>Ferry, Mo. Ralls Co.</u>		22c. DATE SIGNED <u>12/30/56</u> (State)	
23a. BURIAL (CREMATION, REMOVE) (Specify) <u>Burial</u>	23b. DATE <u>1/1/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hydesburg</u>		23d. LOCATION (City, town, or county) <u>Ralls County Missouri</u>		
24. FUNERAL DIRECTOR <u>W Crawford Smith</u> ADDRESS <u>Hannibal Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>12/30/56</u>	26. REGISTRAR'S SIGNATURE <u>Clydes. Wilbey</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No.....4.

P. O. Address....Hannibal.M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.