THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2014

STATE FILE NUMBER

FILED JAN 10 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 2

Health, Welfare Public Service

300 1-56

Canella

1. PLACE OF DEATH a. COUNTY: Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Illinois b. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits Yes # No ☐	c. CITY OR TOWN: New Canton — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Elizabeth s — Length of stay in 1b: 1 week	d. STREET ADDRESS (If outside, give location): — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First: W. Middle: Elmer Last: Hoover		4. DATE OF DEATH Month: Jan Day: 3 Year: 1957	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED # 2 DIVORCED ☐	8. DATE OF BIRTH: Feb 17 1880
9. AGE (In years last birthday): 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): Adams County, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Hoover		14. MOTHER'S MAIDEN NAME: Frances Hathaway	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address: John W. Brown-New Canton, Ill	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary heart disease — 4 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO # 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Dec. 27, 1956, to Jan. 3, 1957 and last saw her/him alive on Jan. 3, 1957. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jm Canella M. D. M. D.	22b. ADDRESS: 707 Bdwy, Hannibal, Missouri	22c. DATE SIGNED: 1-4-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-5-57	23c. NAME OF CEMETERY OR CREMATORY: Shearer Cemetery
23d. LOCATION (City, town, or county) (State): New Canton Ill.		
24. FUNERAL DIRECTOR: H. M. O'Donnell — ADDRESS: Hannibal, Mo.	25. DATE RECD. BY LOCAL REG.: 1/4/1957	26. REGISTRAR'S SIGNATURE: Dr E M Lucke By A C Fishin

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

89.0

RECEIVED JAN 8 1957
MARION CO. HEALTH DEPT.
DATE FILED JAN 8 1957

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 W. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo

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