

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2034

FILED FEB 7 1957

STATE FILE NUMBER

Registration District No. 219 Primary Registration District No. 576.1 Registrar's No. 3

Health, Welfare, Public Service  
300-40  
-56  
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

|   |                           |   |   |
|---|---------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Marion</u>  |                           | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Palmyra</u>   |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Hannibal</u><br>- 6470<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                               |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Maple Lawn Rest</u>  |                           | Length of stay in 1b<br><u>3 yrs.</u>   | d. STREET ADDRESS (If outside, give location)<br><u>1012 Park Ave.</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br><u>Home</u> First <u>Arthur</u> Middle <u>Andre</u> Last <u>Andre</u>  |                           |   | 4. DATE OF DEATH<br>Month <u>I</u> Day <u>10</u> Year <u>57</u>   |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Sept. 19, 1876</u>   |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Carpenter</u>  |                           | 9b. KIND OF BUSINESS OR INDUSTRY<br><u>House</u>  | 9c. AGE (In years last birthday)<br><u>80</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Carpenter</u>   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>House</u>   | 10c. BIRTHPLACE (City and state or country)<br><u>Burlington Iowa</u>   |
| 11. FATHER'S NAME<br><u>George Andre</u>  |                           | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>   |   |
| 13. FATHER'S NAME<br><u>George Andre</u>  |                           | 14. MOTHER'S MAIDEN NAME<br><u>Katherine -- ???</u>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                           | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT<br><u>George Clark, R.R.#3, Hannibal, Mo</u>  |                           | Address   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Menstritis Thrombosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                           |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u>  |
| 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.)  |   |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>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>1/9/57</u> to <u>1/10/57</u> and last saw her/him alive on <u>1/9/57</u><br>Death occurred at <u>1:30P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                           |   |   |
| 22a. SIGNATURE<br><u>J. J. Hill M.D.</u> (Degree or title)  |                           | 22b. ADDRESS<br><u>Palmyra Mo</u>   |   |
| 22c. DATE SIGNED  |                           |   |   |
| 23a. BURIAL, CREMATION, or other disposal (Specify)<br><u>Burial</u>  |                           | 23b. DATE<br><u>1-12-57</u>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Olivet Cemetery</u>  |                           | 23d. LOCATION (City, town, or county) (State)<br><u>Hannibal, Mo.</u>   |   |
| 24. FUNERAL DIRECTOR<br><u>Jack Belmont - Hannibal Mo.</u>  |                           | 25. DATE RECD. BY LOCAL REG.<br><u>1-26-57</u>  |   |
| 26. REGISTRY SIGNATURE<br><u>Dr. G. M. Locke</u>  |                           | 27. REGISTRY SIGNATURE<br><u>Res. V. Lee, Deputy</u>  |   |

(Licensed Embalmer's Statement on Reverse Side)

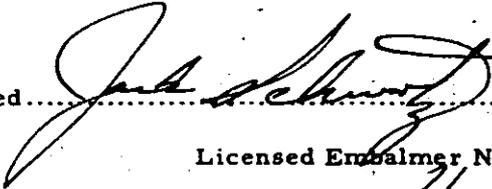
RECEIVED FEB 5 1957  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 5 1957

FEB 27 1957

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. 49  
P. O. Address.....

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.