

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9381

State File No. ....

FILED APR 4 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 3043 Registrar's No. 113

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 (If outside corporate limits, write RURAL and give township) 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>10 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>0644 2715 Chestnut St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) _____ c. (Last) <u>Bell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 25 - 1957</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>2-28-1886</u>	9. AGE (In years last birthday) <u>71</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>Pike County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Samuel Manker</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Reynolds</u>	14. NAME OF HUSBAND OR WIFE <u>Claude Bell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Bell</u> ADDRESS <u>Hannibal, Mo.</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Hemorrhage</u>		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> 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) <u>331x</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	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 3/24/57, 1957, to 3/25/57, 1957, that I last saw the deceased alive on 3/24/57, 1957, and that death occurred at 12:35 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Rolund J. Lanning, M.D.</u> (Degree or title)	23b. ADDRESS <u>504 B &amp; L Building, Hannibal, Mo</u>	23c. DATE SIGNED <u>3/27/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-27-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Cemetery</u>
DATE REC'D BY LOCAL REG. <u>3-28-57</u> REGISTRAR'S SIGNATURE <u>Wm M. Duckley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Clark</u> ADDRESS <u>Hannibal, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

189-0

RECEIVED APR 3 1957

MARION CO. HEALTH DEPT.

DATE FILED APR 3 1957

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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.