V.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 - 1957

State File No. 13932

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 155

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL ~~OR INSTITUTION~~ (If not in hospital or institution, give street address or location): St. Elizabeth Hospital
e. STREET ADDRESS (If rural, give location): 0649 1014 Vermont St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE
b. (Middle): MONROE
c. (Last): CROW

4. DATE OF DEATH (Month) (Day) (Year): 4 - 20 - 57

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED (Specify)~~ 2
8. DATE OF BIRTH: Feb. 1 - 1879
9. AGE (In years last birthday): 78 | 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Ladonia, Mo
12. CITIZEN OF WHAT COUNTRY?: 0

13a. FATHER'S NAME: James Monroe
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Nelson Crow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: James Crow
ADDRESS: 2204 Spruce

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular Disease
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Decubitus Ulcers

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
443X
20. AUTOPSY? YES ☐ NO ☒ 2

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) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 7-17, 1956, *to* 4-20, 1957, *that I last saw the deceased alive on* 4-20, 1957 *and that death occurred at* 12:35 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Cornelius Welch, M.D.
23b. ADDRESS: Hannibal, Mo 2101 Spruce
23c. DATE SIGNED: 4-27-57

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): April 23-'57
24b. DATE:
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Robinson
24d. LOCATION (City, town, or county) (State): Hannibal, Mo.

DATE REC'D BY LOCAL REG.: 4/29/57
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By H. C. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Isco E. Roberts
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

189-0

RECEIVED MAY 3 1957
MARION CO. HEALTH DEPT.
DATE FILED MAY 3 1957

AUG 20 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal

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