Dr. Roller

FILED MAR 6 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006462
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY: Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hannibal — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN: Hannibal 0649 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hospital — Length of stay in Hospital	d. STREET ADDRESS (If outside, give location): 601 Ely St., — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Harry Middle: Russell Last: Shoup

4. DATE OF DEATH: Month Day Year: 2/26/1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8/4/1889

9. AGE (In years last birthday): 68 — 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): Laborer-Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Williamstown, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Shoup

13b. MOTHER'S MAIDEN NAME: Evaline Warden

14. NAME OF HUSBAND OR WIFE: Sadie Shoup

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 490-187-666

17. INFORMANT: Address: Mrs. Sadie Shoup, 601 Ely, Hannibal, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Bronchal pneumonia, cardiac decompensation, arteriosclerotic heart disease.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☒

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 _____, to _____ and last saw her/him alive on _____. Death occurred at 11:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. J. Roller MD (Degree or title)

22b. ADDRESS: Hannibal Mo

22c. DATE SIGNED: Feb 27/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3/1/1958

23c. NAME OF CEMETERY OR CREMATORY: Williamstwon Cemetery

23d. LOCATION (City, town, or county) (State): Williamstown, Missouri

24. FUNERAL DIRECTOR ADDRESS: H.M.O'Donnell, Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.: 3-1-58

26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. Fisher

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms. All diseases in Part I must be causally related.

RECEIVED MAR 4 1958
MARION CO. HEALTH DEPT.
DATE FILED MAR 4 1958

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 H 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. (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.