

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020085

FILED VS MAY 19 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 179

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal	Length of stay in 1b	c. CITY OR TOWN Hannibal	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3101 Cook

3. NAME OF DECEASED (Type or print) First FRANCIS Middle O Last ADRIAN			4. DATE OF DEATH Month May Day 5 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH August 1, 1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months 9 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY International Shoe Co.		11. BIRTHPLACE (City and state or country) St. Louis Missouri	

12. CITIZEN OF WHAT COUNTRY U S A	13a. FATHER'S NAME Howard Adrian	13b. MOTHER'S MAIDEN NAME Mary	14. NAME OF HUSBAND OR WIFE Ruth E. Marshall Adrian
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 490 07 5297	17. INFORMANT Mrs. F.O. Adrian Hannibal Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarct, acute		INTERVAL BETWEEN ONSET AND DEATH acute
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour 7 a.m. / p.m. Month, Day, Year	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 Hannibal Missouri
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21. I attended the deceased from _____, to _____ and last saw her him alive on _____ Death occurred at 7:00 A. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. E. Sulzgraber M.D. (Degree or title)	22b. ADDRESS 115 N. 5th St. Hannibal, Mo.	22c. DATE SIGNED 5-7-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/7/1960	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	23d. LOCATION (City, town, or county) Hannibal Missouri
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24. FUNERAL DIRECTOR W. Crawford Smith	ADDRESS Hannibal Missouri	25. DATE RECD. BY LOCAL REG. 5/12/60	26. REGISTRAR'S SIGNATURE At. E. M. Lucke by Lillian M. Herman
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John S. Span

Licensed Embalmer No. 4540

P. O. Address Hannibal Misso

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