

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 28 1960

60-035499
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 377

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY MARION		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		a. STATE MISSOURI		b. COUNTY MARION	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEVERING		Length of stay in 1b		c. CITY OR TOWN HANNIBAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 3905 MARKET ST		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First ARMILDA		Middle ELVA		Last LENNOX		Month Day Year September 13, 1960	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-11-1900	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months 7 Days 2	IF UNDER 24 HR Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FANCY STITCHER ISCO		10b. KIND OF BUSINESS OR INDUSTRY ISCO		11. BIRTHPLACE (City and state or country) ROLLS CY MISSOURI		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME WILLIAM HARDING			13b. MOTHER'S MAIDEN NAME LIZZE COLBURN			14. NAME OF HUSBAND OR WIFE AVERY E. LENNOX	
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. 490-07-5866		17. INFORMANT Address Avery E. Lennox Hannibal Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebral hemiplegia						5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						11 years	
DUE TO (b) Hypertensive heart disease							
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year 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 3/12/49 to 9/13/60 and last saw her alive on 9/13/60		Death occurred at 4:11¹ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) <i>Lillian M. Sherman</i>				22b. ADDRESS 100 N. 6th, Hannibal, Mo.		22c. DATE SIGNED 9/16/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-15-60		23c. NAME OF CEMETERY OR CREMATORY GRANDVIEW BURIAL PARK		23d. LOCATION (City, town, or county) (State) HANNIBAL MARION MO	
24. FUNERAL DIRECTOR ADDRESS CRAWFORD SMITH HANNIBAL MO.				25. DATE RECD. BY LOCAL REG. 9/19/60		26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Huchey by Lillian M. Sherman</i>	

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. Spaul

Licensed Embalmer No. 454

P. O. Address Hannibal

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