Dr. Lanning

I DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-042803

LED VS NOV 2 8 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 447

STATE FILE NUMBER

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Length of stay in 1b	c. CITY OR TOWN Hannibal — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Levering Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 1230 Church — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Altha Elton Middle Shores Last McDonald		4. DATE OF DEATH Month Day Year 11/8/1960	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 1/17/1908
9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Register Nurse	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Palmyra, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME O.W. Shores	13b. MOTHER'S MAIDEN NAME Josephine Conrad	14. NAME OF HUSBAND OR WIFE Clarence McDonald	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address Donald Shores, 900 DeWitt, 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)	Hypertensive heart Disease	1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chr. Valvular Heart Disease	1 year
DUE TO (c)		

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 January 28, 196 to November 5, 1960 and last saw her/him alive on January 30, 1960. Death occurred at 8:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert J. Lanning, M.D.	22b. ADDRESS Hannibal, Mo.	22c. DATE SIGNED 11/9/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/11/1960	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) (State) Palmyra, Mo.		
24. FUNERAL DIRECTOR ADDRESS H. M. O'Donnell, Hannibal, Mo.	25. DATE RECD. BY LOCAL REG. 11-12-1960	26. REGISTRAR'S SIGNATURE Dr. E. M. Luckey Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed _____

Signature of Student Embalmer

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 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.