

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-042805**

**FILED VS NOV 28 1960**

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 442

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Marion</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u> Length of stay in 1b c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> c. CITY OR TOWN <u>Hannibal</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1219 Giriad Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Loretta</u> Middle <u>Mae</u> Last <u>McGruder</u>				<b>4. DATE OF DEATH</b> Month <u>November</u> Day <u>2</u> Year <u>1960</u>							
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>Negro</u>		<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Dec. 27, 1919</u>		<b>9. AGE</b> (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Sharksburg, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>			
<b>13a. FATHER'S NAME</b> <u>Robert White</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Maude Gipson</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Harold McGruder</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> Address <u>1219 Giriad St.</u> <u>Mr. Harold McGruder Hannibal, Missouri</u>					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>2 year</u>			
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					
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)							
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>	
<b>21. I attended the deceased from</b> <u>3-23-60</u> to <u>10-2-60</u> and last saw her alive on <u>10-2-60</u> Death occurred at <u>11:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
<b>22a. SIGNATURE</b> (Degree or title) <u>Earl L. Hoover, Registrar</u>					<b>22b. ADDRESS</b> <u>711 Grand Hannibal Mo</u>			<b>22c. DATE SIGNED</b> <u>11-7-60</u>			
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>Nov. 5, 1960</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Robinson Cemetery</u>			<b>23d. LOCATION</b> (City, town, or county) (State) <u>Hannibal, Missouri</u>				
<b>24. FUNERAL DIRECTOR</b> <u>Geo E Roberts</u>				ADDRESS <u>1218 Broadway Hannibal, Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>11/9/60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Dr. E. D. Lucke by Lillian M. Harman</u>			

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 George E. Roberts

George E. Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal, Missou

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.