

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005915

FILED VS MAR 1 1961

STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 62

DATE AMENDED

INSTEAD OF THIS RECORD TAKE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

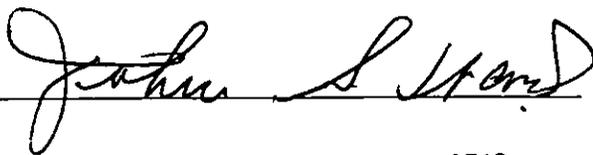
BY AFFIDAVIT OF

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2129 Hope			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD # 1		
3. NAME OF DECEASED (Type or print) First MARY Middle ELIZABETH Last LANIUS			4. DATE OF DEATH Month February Day 13 Year 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/8/1867	9. AGE (last birthday) 94	IF UNDER 1 YEAR Months 1 Days 5 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Virginia	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert B. Brashear		13b. MOTHER'S MAIDEN NAME Anne A. Rector		14. NAME OF HUSBAND OR WIFE Carsy Lanius (Deceased)		
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.	17. INFORMANT Address W.R. Lanius Moberly Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congeative heart failure					INTERVAL BETWEEN ONSET AND DEATH 30 days	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)				
20c. TIME OF INJURY Hour a.m. p.m. -Month, Day, Year 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Hannibal Marion Mo.		COUNTY STATE 	
21. I attended the deceased from 1/31/61 to 1/31/61 and last saw her live on 1/31/61 . Death occurred at 8:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE J. W. ... (Degree or title)			22b. ADDRESS 1209 Broadway, Hannibal, Mo.		22c. DATE SIGNED 2/18/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/15/1961	23c. NAME OF CEMETERY OR CREMATORY Hydesburg Cemetery		23d. LOCATION (City, town, or county) (State) Halls County Missouri		
24. FUNERAL DIRECTOR W. Crawford Smith, Hanniba Missouri ADDRESS			25. DATE RECD. BY LOCAL REG. 2/20/61	26. REGISTRAR'S SIGNATURE Dr. E. M. ...		

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  _____

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.