SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=009777
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 83

FILED VS MAR 16 1961

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Length of stay in Ib: 10 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 206 N 4th St — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Marion
c. CITY OR TOWN: Hannibal — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 206 N 4th St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First George — Middle — Last LaVoo
4. DATE OF DEATH: Month 3 - Day 2 - Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-2-87
9. AGE (last birthday): 73 — 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): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Bakery
11. BIRTHPLACE (City and state or country): Hannibal, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Mae LaVoo
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: Ruth Catron — Address: Hannibal, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart disease with congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 7½ yrs.
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. ☐ 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 Oct. 1953 to 3/2/61 and last saw him alive on 2/27/61
Death occurred at 6:00A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. L. Murphy (Degree or title) M D
22b. ADDRESS: 100 N. 6th, Hannibal, Mo.
22c. DATE SIGNED: 3/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-4-1961
23c. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Clark Funeral Home - Hannibal, Mo.
25. DATE RECD. BY LOCAL REG.: 3-6-1961
26. REGISTRAR'S SIGNATURE: Mrs E M Luckey, Gillian Zn Herman

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo.

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.