MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-021907
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 214

FILED JUN 26 1961

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2325 Bowling
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Hannibal
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2325 Bowling
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Phillip Middle McBride Last
4. DATE OF DEATH Month 6 Day 6 Year 1961
5. SEX Male
6. COLOR OR RACE Colored
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/14/1961
9. AGE (last birthday) IF UNDER 1 YEAR Months 2 Days 23 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - - -
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Hannibal, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Nathaniel McBride
13b. MOTHER'S MAIDEN NAME Wanda Sue Allison
14. NAME OF HUSBAND OR WIFE - - -
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 Nathaniel McBride, 2325 Bowling 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) Bronchial pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Malnutrition due to prematurity, twin also dead
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 ____, to ____ and last saw her/him alive on ____
Death occurred at 9:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Henry H. Swift (Degree or title) MD Coroner
22b. ADDRESS Hannibal Mo
22c. DATE SIGNED 6-8-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/8/1961
23c. NAME OF CEMETERY OR CREMATORY Baptist Cemetery
23d. LOCATION (City, town, or county) (State) Hannibal, Mo.
24. FUNERAL DIRECTOR H. M. O'Donnell, Hannibal, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 6/15/61
26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed H. M. O'Donnell

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 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.