

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007200

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 85

STATE FILE NUMBER

FILED MAR 12 1962

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Marion</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Hannibal</b>                    | Length of stay in lb<br><b>lifetime</b> | c. CITY OR TOWN <b>Hannibal</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Levering Hospital</b> |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>815 N. 6th St.</b>               |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                              |   |  |  |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>GEORGE</b> Middle <b>S.</b> Last <b>GRACE</b> |  |  | 4. DATE OF DEATH<br>Month <b>February</b> Day <b>26</b> Year <b>1962</b> |  |  |
|---|--|--|--|--|--|

|                       |                                  |   |                                      |                                     |  |  |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><b>male</b> | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9/28/1891</b> | 9. AGE (last birthday)<br><b>70</b> | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>chief yard clerk</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>railroad</b> | 11. BIRTHPLACE (City and state or country)<br><b>Hannibal, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>United States</b> |
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|---|---|--|
| 13a. FATHER'S NAME<br><b>Joseph Michael Grace</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Charlotte Nagel</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Mary Grace</b> |
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|  |                         |   |                              |
|--|-------------------------|---|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>yes World War I</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><b>Mrs. Mary Grace, 815 N. 6th St.</b> | Address <b>Hannibal, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Uremic Poisoning</b>                       |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b>  |
| DUE TO (b) <b>Arteriosclerotic vascular disease</b>   |  | <b>1 yr.</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)<br><b>Cerebral vascular accident 1 week</b> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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.) |
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|   |                  |
|---|------------------|
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Month, Day, Year |
|---|------------------|

|  |  |   |                         |                     |
|--|--|---|-------------------------|---------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><b>Hannibal</b> | COUNTY<br><b>Marion</b> | STATE<br><b>Mo.</b> |
|--|--|---|-------------------------|---------------------|

|   |  |
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| 21. I attended the deceased from <b>2-22-62</b> to <b>2-26-62</b> and last saw him alive on <b>2-26-62</b>            |  |
| Death occurred at <b>5:45 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |

|  |   |                                   |
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| 22a. SIGNATURE<br><i>Robert Lanning</i><br>(Degree or title) | 22b. ADDRESS<br><b>115 N 5th St. Hannibal, Missouri</b> | 22c. DATE SIGNED<br><b>3-2-62</b> |
|--|---|-----------------------------------|

|  |                             |  |   |
|--|-----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 23b. DATE<br><b>2/28/62</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olivet Cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>Hannibal, Mo.</b> |
|--|-----------------------------|--|---|

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|---|---------|---|---|
| 24. FUNERAL DIRECTOR<br><i>Frank Schwartz - Hannibal, Mo.</i> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>March 3-1962</b> | 26. REGISTRAR'S SIGNATURE<br><i>Lillian M. Hermer</i> |
|---|---------|---|---|

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
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 \_\_\_\_\_

*Jack Schultz*

Licensed Embalmer No. 4900

P. O. Address Hammonton, N.J.

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.