

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007631

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 60

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 25 1963

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Ralls.	
6648		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri.	Length of stay in 1b 10 Days	c. CITY OR TOWN Hannibal, Missouri.
2648		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 313 S. 5th St.
3		3. NAME OF DECEASED (Type or print) ANNA		4. DATE OF DEATH Month Feb Day 18 Year 1963
4 1		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"/>
5 2		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Home	8. DATE OF BIRTH 8-13-1879
6		11a. FATHER'S NAME Harrison Moore	11b. MOTHER'S MAIDEN NAME Betty Hedrick	9. AGE (last birthday) 83
7 0		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	13. SOCIAL SECURITY NO. None	10. IF UNDER 1 YEAR Months 83 Days 83 Hours 83 Min. 83
8 2		11. BIRTHPLACE (City and state or country) Perry, Missouri.		11. CITIZEN OF WHAT COUNTRY U.S.A.
9 200		14. NAME OF HUSBAND OR WIFE Ed Boyd.		12. CITIZEN OF WHAT COUNTRY U.S.A.
10		15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION		13. INTERVAL BETWEEN ONSET AND DEATH
11		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) A.S.H.D. DUE TO (c)		
12 1-0		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
13 1-0		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 5:30 a.m. 5:30 p.m. 5:30		
		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 Hannibal, Missouri.		COUNTY Ralls STATE Mo
		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		
		22a. SIGNATURE T. J. Linton M.D.		22b. ADDRESS Hannibal, Missouri.
		22c. DATE SIGNED 2-20-63		
		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-20-1963
		23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.		23d. LOCATION (City, town, or county) (State) Perry, Missouri.
		24. FUNERAL DIRECTOR Clyde Wilsey		25. DATE RECD. BY LOCAL REG. Feb. 20, 1963
		26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by Lillian M. Herman		

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

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

Clyde L. Munn

Licensed Embalmer No. 3820

P. O. Address Perry, 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.

Permit issued 7/20/63