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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39467

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 394

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1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 508 North Eighth Street

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) Tod c. (Last) Stump
4. DATE OF DEATH (Month) (Day) (Year): November 28, 1952
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 18, 1888
9. AGE (In years last birthday): 64 — If under 1 year: Months 9, Days 10 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Music Instructor
10b. KIND OF BUSINESS OR INDUSTRY: Cottey College
11. BIRTHPLACE (City and State or Foreign Country): New Castle Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME: Edward Stump
13b. MOTHER'S MAIDEN NAME: Clara Margaret Murphy
14. NAME OF HUSBAND OR WIFE: Catherine Firestone Stump
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. David T. Stump ADDRESS: Hannibal Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Uremia — 2 mths
DUE TO (c) Terminal Pneumonia — 1 wk.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-27-52, 19__ *to* 11-28-52, 19__, *that I last saw the deceased alive on* 11-28-52, 19__, *and that death occurred at* 11:25 PM *from the causes and on the date stated above.*

23a. SIGNATURE: D. L. Greene (Degree or title) M. D.
23b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
23c. DATE SIGNED: 11-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/29/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Nevada Missouri

DATE REC'D BY LOCAL REG.: 12-2-52
REGISTRAR'S SIGNATURE: Dr. E. M. Luckey
25. FUNERAL DIRECTOR'S SIGNATURE: W. C. Fisk & Crawford Smith ADDRESS: Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 4 1952
MARION CO. HEALTH DEPT.
DATE FILED DEC 4 1952

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 .....
Student Embalmer

Signed N. Crawford Smith

Licensed Embalmer No. 7814

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.