

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6871

BIRTH NO.

REG. DIST. NO.

209

PRIMARY REG. DIST. NO.

3043

Registrar's No.

79

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal St.		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		0644
d. FULL NAME OF HOSPITAL OR INSTITUTION 1404 Market			d. STREET ADDRESS (If rural, give location) 1404 Market		
3. NAME OF DECEASED (Type or Print) Martha		a. (First)	b. (Middle) Ellen	c. (Last) Summers	4. DATE OF DEATH (Month) (Day) (Year) 2/22/1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/30/1900	9. AGE (In years last birthday) 52	10. MONTHS 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Johnson Cafe	11. BIRTHPLACE (City and State or Foreign Country) New London, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Andrew Brooks		13b. MOTHER'S MAIDEN NAME Josephine Calvell	14. NAME OF HUSBAND OR WIFE George Summers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME George Summers 1404 Market, Hannibal Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/22/1953, to 2/22, 1953 that I last saw the deceased alive on 19, and that death occurred at 6:15P m., from the causes and on the date stated above.					
23. SIGNATURE Dr. E. M. Lucke			(Degree or title)	23b. ADDRESS Hannibal Mo.	23c. DATE SIGNED Feb 23/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/24/1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal, Marion, Mo.		
DATE REC'D BY LOCAL REG. 2-24-53	REGISTRAR'S SIGNATURE Dr. E. M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE T. M. O'Donnell	ADDRESS Hannibal Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 3 1953
MARION CO. HEALTH DEPT.
DATE FILED MAR 3 1953

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 F. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Humboldt 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 this body is not embalmed, fact should be so stated above.