

STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED MAR 24 1954** REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5112A** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL SCOPUS LIFETIME		c. CITY (If outside corporate limits, write RURAL and give township) RURAL SCOPUS	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR MARBLE HILL		d. STREET ADDRESS (If rural, give location) NEAR MARBLE HILL	

3. NAME OF DECEASED (Type or Print) MARY SUSAN NANNY	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) MARCH 13, 1954
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5. SEX J /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH DEC. 27, 1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 2	IF UNDER 12 HRS. Days 16	IF UNDER 1 MIN. Hours 	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME THOMAS STRATTON	13b. MOTHER'S MAIDEN NAME REBECCA BROWN	14. NAME OF HUSBAND OR WIFE deceased
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Eula Brown	ADDRESS Marble Hill Mo
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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 Leucemia of P. Brown		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. due to (b) Myocardial Infarction		
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 170X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Nov 12, 1954** to **Nov 12, 1954**, that I last saw the deceased alive on **Nov 12, 1954**, and that death occurred at **3:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. S. Sample	(Degree or title) MD	23b. ADDRESS 1111 E. 10th	23c. DATE SIGNED 5/17/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 14, 1954	24c. NAME OF CEMETERY OR CREMATORY MT. LION	24d. LOCATION (City, town, or county) (State) BOLLINGER Co. Mo.
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DATE REC'D BY LOCAL REG. 3-20-54	REGISTRAR'S SIGNATURE Willie Van Amburg	25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME	ADDRESS Luttwille Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

A. J. Baker

Licensed Embalmer No.

3573

P. O. Address

Laurel Hill

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.