No. 300
10-48

FILED AUG 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28261

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 247

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): 35 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1210 MARK TWAIN AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: MARION
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
d. STREET ADDRESS (If rural, give location): 1210 MARK TWAIN AVE.

3. NAME OF DECEASED (Type or Print)
a. (First): SUSAN
b. (Middle): ELLEN
c. (Last): CARPENTER

4. DATE OF DEATH (Month) (Day) (Year): 8-15-1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT 21, 1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (State or foreign country): VERSAILLES, ILL.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: DAVID M. DOUGLAS
13b. MOTHER'S MAIDEN NAME: SUSAN C. CONRAD.
14. NAME OF HUSBAND OR WIFE: WM. CARPENTER

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.: _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Mamie Winthrop 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis —

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. Squamous cell Ca Non —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332 X H
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* 8-10-54 *19*__, *to* 8-15-54 *19*__, *that I last saw the deceased alive on* 8-15-54, *and that death occurred at* 9:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Pollu M.D.
23b. ADDRESS: Hannibal MO
23c. DATE SIGNED: 8/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-17-1954
24c. NAME OF CEMETERY OR CREMATORY: MT. OLIVET CEM.
24d. LOCATION (City, town, or county) (State): HANNIBAL, MO.

DATE REC'D BY LOCAL REG.: 8-17-54
REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Fisher 189-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ralph Clark Hannibal MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 2 1 1954
MARION CO. HEALTH DEPT.
DATE FILED AUG 2 1 1954

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 Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hammond, Ind

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.