

STANDARD CERTIFICATE OF DEATH

41725

FILED JAN 3 1955

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 396

440

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

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1700 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Ellen	c. (Last) Sumoter	4. DATE OF DEATH (Month) (Day) (Year) 12-27-54
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/6/1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sullivan Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ----- Spencer	13b. MOTHER'S MAIDEN NAME Unknwon	14. NAME OF HUSBAND OR WIFE Luther Sumoter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lee Judy, 1700 Broadway,	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION Hannibal, Mo.		INTERVAL BETWEEN ONSET AND DEATH acute
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input 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 12/27, 19 54, to _____, 19 _____, that I last saw the deceased alive on 12/27, 19 54, and that death occurred at 1:58A m, from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. E. M. Lucke</i> (Degree or title) M.D.	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED 12/27/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/28/54	24c. NAME OF CEMETERY OR CREMATORY Woodville Cemetery	24d. LOCATION (City, town, or county) (State) S/E of Macon, Mo
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DATE REC'D BY LOCAL REG. 12-28-54	REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. M. O'Donnell</i>	ADDRESS Hannibal, Mo
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RECEIVED DEC 30 1954
MARION CO. HEALTH DEPT.,
DATE FILED DEC 30 1954

MAR 21 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

H. M. O'Donnell

Licensed Embalmer No.

3889

P. O. Address Hannibal, 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.