

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029671
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 4 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 281

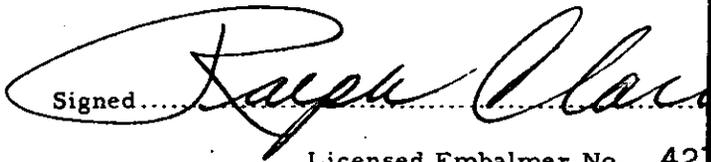
1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN New Canton 8120 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital or institution) Home Shady Lawn Nursing Length of stay in lb 5 mo.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Carrie Middle Lucinda Last Dudley		4. DATE OF DEATH Month 8 - Day 24 - Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> 2	8. DATE OF BIRTH Nov 19, 1876
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. AGE (In years last birthday) 81	
10a. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) New Canton, Ill.	
13. FATHER'S NAME Morgan Niccum		12. CITIZEN OF WHAT COUNTRY? US	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Mary Rogers	
16. SOCIAL SECURITY NO.		17. INFORMANT Russell Dudley Address New Canton, Ill.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute auricular fibrillation with myocardial failure. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) acute cholecystitis DUE TO (c) paralytic ileus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 13 days 8 days 8 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 585X	
20c. TIME OF INJURY Hour 12:30P Month, Day, Year		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 3-22-58 to 8-24-58 and last saw her alive on 8-24-58 Death occurred at 12:30P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. S. Sutzman M.D. (Degree or title)		22b. ADDRESS 115 N. 5th St. Hannibal, Mo.	
22c. DATE SIGNED 8-25-58			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8-26-1958	23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Barry, Ill.
24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 8-25-58 26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke. By W. C. Fisher	

RECEIVED SEP 3 1958
MARION CO. HEALTH DEPT.
DATE FILED SEP 3 1958

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.....
Signature of Student Embalmer

Signed..... .....

Licensed Embalmer No...421

P. O. Address...annibal,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.