

S. No. 300  
ev. 108

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1846

FILED JAN 24 1951

State File No. \_\_\_\_\_

Registrar's No. 17

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 304<sup>3</sup>

0644

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Marion</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Marion</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u> <u>0644</u>                                      |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>                             |  | d. STREET ADDRESS (If rural, give location) <u>714 Lyon Street</u>  |  |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Nattie</u><br>b. (Middle) <u>May</u><br>c. (Last) <u>Sullers</u> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Jan. 6. 51</u> |  |  |
|--|--|--|---|--|--|

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|----------------------|--|-------------------------------|--|---|--|---------------------------------------|--|---|--|--|--|--|--|--|--|
| 5. SEX <u>Female</u> |  | 6. COLOR OR RACE <u>White</u> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> |  | 8. DATE OF BIRTH <u>Oct. 23, 1917</u> |  | 9. AGE (In years last birthday) <u>33</u> |  | 10. UNDER 1 YEAR Days <u>2</u> Hours <u>14</u> |  | 11. BIRTHPLACE (State or foreign country) <u>Clapper, Mo</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |  |
|----------------------|--|-------------------------------|--|---|--|---------------------------------------|--|---|--|--|--|--|--|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> |  |  |  | 11. BIRTHPLACE (State or foreign country) <u>Clapper, Mo</u> |  |  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |  |  |  |
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| 13a. FATHER'S NAME <u>Slyvester Bix</u> |  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Anna Angel</u> |  |  |  | 14. NAME OF HUSBAND OR WIFE <u>William</u> |  |  |  |
|---|--|--|--|---|--|--|--|--|--|--|--|

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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) <u>NO</u> |  |  |  | 16. SOCIAL SECURITY NO. _____ |  |  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>William Sullers</u> ADDRESS <u>714 Lyon Hannibal MO</u> |  |  |  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the rectum</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>Generalized metastasis</u><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |  |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 yrs.</u><br><br><u>1 yr.</u><br><br><u>154x</u> |  |
|---|--|--|--|--|--|--|--|--|--|--|--|

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|------------------------------|--|--|--|--|--|--|--|---|--|--|--|
| 19a. DATE OF OPERATION _____ |  |  |  | 19b. MAJOR FINDINGS OF OPERATION _____ |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ |  |
|--|--|--|--|---|--|

|   |  |  |  |                                  |  |
|---|--|--|--|----------------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ |  | 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 4-9-47, 19  , to 1-6-51, 19  , that I last saw the deceased alive on 1-6-51, 19  , and that death occurred at 4 a m., from the causes and on the date stated above.

|   |  |   |  |                                 |  |
|---|--|---|--|---------------------------------|--|
| 23a. SIGNATURE <u>V.L. Green</u> (Degree or title) <u>M. D. U</u> |  | 23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u> |  | 23c. DATE SIGNED <u>1-15-51</u> |  |
|---|--|---|--|---------------------------------|--|

|   |  |                         |  |   |  |   |  |
|---|--|-------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>1-9-51</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Cypressview Burial Park</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Harrison Marion MO</u> |  |
|---|--|-------------------------|--|---|--|---|--|

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>1-18-51</u> |  | REGISTRAR'S SIGNATURE <u>Dr E M Lucke</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> ADDRESS <u>Hannibal MO</u> |  |
|---|--|---|--|--|--|

RECEIVED JAN 22 1951  
U. S. HEALTH DEPT.  
DATE FILED JAN 23 1951

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 Michael J. O'Connell

Signed.....  
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Harriet 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.