

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **13607**

**FILED MAY 11 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **293** PRIMARY REG. DIST. NO. **6003** Registrar's No. **6**

6870

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

1. PLACE OF DEATH a. COUNTY <b>Ralls</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>Ralls</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNR <b>Route #3</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Route #3</b>	
c. LENGTH OF STAY (in this place) <b>1 Yr.</b>		d. STREET ADDRESS (If rural, give location) <b>RR #3 South Of Hannibal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RR #3 South Of Hannibal</b>			

3. NAME OF DECEASED (Type or Print) <b>Ida Spenser Morris</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 9 1951</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Dec 11, 1886</b>		9. AGE (In years last birthday) <b>64</b>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>		11. BIRTHPLACE (State or foreign country) <b>Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Richard Rector</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hamlet</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. John Kunko</b>	
				ADDRESS <b>RR #2</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>terminal uremia</b>		DUPLICATE OF (b) <b>squamous cell carcinoma of cervix</b>		<b>5 days</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)		<b>1 yr</b>	
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? <b>171X</b> 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)	
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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?	
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22. I hereby certify that I attended the deceased from **2/28/51**, 19\_\_\_, to **4/6/51**, 19\_\_\_, that I last saw the deceased alive on **4/6/51**, 19\_\_\_, and that death occurred at **10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>F. E. Sultzman</b>		(Degree or title) <b>M.D.F.A.C.S.</b>		23b. ADDRESS <b>115 N. 5th St., Hannibal, Mo</b>	
23c. DATE SIGNED <b>4/11/51</b>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-12-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery Hannibal, Mo.</b>	
24d. LOCATION (City, town, or county) (State) <b>MO.</b>					

DATE REC'D BY LOCAL REG. <b>4-12-51</b>		REGISTRAR'S SIGNATURE <b>H. R. Waters</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph Clark</b>	
				ADDRESS <b>Hannibal, Mo.</b>	

MAY 15 1953

Date Received: MAY 8 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-57-885  
Date Filed: MAY 10 1951

STATEMENT BY LICENSED EMBALMER

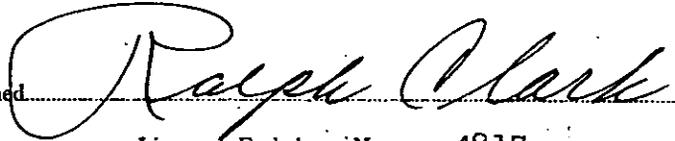
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Ralph Clark

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4217

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.