

FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42565

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) UNIONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) UNIONVILLE	
c. LENGTH OF STAY (in this place) 15 WEEKS		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) FRANCES c. (Last) SULSER			4. DATE OF DEATH (Month) (Day) (Year) NOV. 17 1951			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 7 1875	9. AGE (In years last birthday) 76	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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) HILLTOWN IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME WELK BISHOP	13b. MOTHER'S MAIDEN NAME CHRISTINA McDONALD	14. NAME OF HUSBAND OR WIFE IKE SULSER
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Theodore Gray	ADDRESS Unionville Mo. R.F.D.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of stomach</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
	ANTECEDENT CAUSES Morbidity 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 <i>151X</i>	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)	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 Nov 3, 1950, to Nov 17, 1951, that I last saw the deceased alive on Nov 17, 1951, and that death occurred at 9:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Chas. L. Judd</i>	(ID. No. or title)	23b. ADDRESS Unionville Mo	23c. DATE SIGNED 11/18/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV. 20 1951	24c. NAME OF CEMETERY OR CREMATORY PHERIGO CEMETERY	24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY MISSOURI
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DATE REC'D BY LOCAL REG. 12-31-51	REGISTRAR'S SIGNATURE <i>Marvell J. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. W. Comstock</i>	ADDRESS UNIONVILLE MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

8660

Date Received: JAN 3 1952  
DISTRICT HEALTH OFFICE #2  
District File Number 1-52-23  
Date Filed: JAN 5 1952

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

*James W Comstock*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.