

SEP 24 1952

STANDARD CERTIFICATE OF DEATH

State File No. 32284

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 292

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

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>ILL.</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HULL</u>	
c. LENGTH OF STAY (In this place) <u>5 DA.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u> b. (Middle) <u>PEARL</u> c. (Last) <u>STICKHOST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-12-1952</u>		
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>FEB 14, 1894</u>		9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>PIKE COUNTY, ILL</u>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>JOHN HUSTON</u>		13b. MOTHER'S MAIDEN NAME <u>TABITHA JONES</u>		14. NAME OF HUSBAND OR WIFE <u>LESLIE STICKHOST</u>	
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>Nellie Stickhost - Hannell</u>	
				ADDRESS <u>Hannell, Mo</u>	

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) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES			<u>24 hr</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Skull fracture</u>			<u>5 days</u>	
		DUE TO (c) <u>General body metastasis</u>			<u>5 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS			<u>8 yr</u>	
		Conditions contributing to the death but not related to the disease or condition causing death <u>myocardial degeneration</u>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>812</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hull, Ill Pike Ill</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 7 5:21 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Two autos collided</u>			

22. I hereby certify that I attended the deceased from 9/7/52, 1952, to 9/9, 1952, that I last saw the deceased alive on 9/9, 1952, and that death occurred at 8:20 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Purcell M.D.</u> (Degree or title)		23b. ADDRESS <u>Hull, Ill</u>		23c. DATE SIGNED <u>9/13/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-15-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>AKERS CHAPEL CEM</u>		24d. LOCATION (City, town, or county) (State) <u>HULL, ILL</u>	
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DATE REC'D BY LOCAL REG. <u>9/15/52</u>		REGISTRAR'S SIGNATURE <u>W. M. Bucke Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Clark - Hannell, Mo</u>		ADDRESS	
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RECEIVED SEP 22 1952
MARION CO. HEALTH DEPT.
DATE FILED SEP 22 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hemlock, 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.