

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6829**

FILED FEB 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY <b>MARION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILL.</b> b. COUNTY <b>PIKE</b>	
b. CITY OR TOWN <b>HANNIBAL</b>	c. LENGTH OF STAY (in this place) <b>1 WK</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>HULL</b> <b>8120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LEVERING HOSPITAL</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>ELIZABETH</b>	c. (Last) <b>DEPUE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 3 - 1953</b>
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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>MAY 15, 1869</b>	9. AGE (In years last birthday) <b>83</b>	# UNDER 1 YEAR Months	# UNDER 2 HRS. Hours	# UNDER 2 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. JOSEPH, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>JOHN HARBOURN</b>	13b. MOTHER'S MAIDEN NAME <b>MARY BURK</b>	14. NAME OF HUSBAND OR WIFE <b>FLOYD DEPUE - DECEASED</b>
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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) <b>NO.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Clifford Linton - Hull, Mo</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>generalized debility</b>		<b>4 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>extensive impacted feces</b> DUE TO (c) <b>generalized arteriosclerosis</b> <b>Several years</b>		<b>4 weeks</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4500</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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) m.	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 **1-16-53**, 19\_\_\_, to **2-3-53**, 19\_\_\_, that I last saw the deceased alive on **2-3-53**, 19\_\_\_, and that death occurred at **3:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>F. C. Sulzeman, M.D., FACB</b>	23b. ADDRESS <b>115 N. 5th St. Hannibal, Mo.</b>	23c. DATE SIGNED <b>2-9-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-6-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PARKLAWN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>BARRY, ILL.</b>
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DATE REC'D BY LOCAL REG. <b>2-18-53</b>	REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke by W. Fisher</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph Clark - Hannibal, Mo</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**  
**MARION CO. HEALTH DEPT.**  
**DATE FILED**

**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 \_\_\_\_\_

*Ray C. Clark*

Licensed Embalmer No. *4217*

P. O. Address *Hammond, 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.