

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6841**

LED FEB 18 1953

BIRTH NO. _____		REG. DIST. NO. <b>209</b>		PRIMARY REG. DIST. NO. <b>3043</b>		Registrar's No. <b>37</b>		
1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Elk</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Barry</b>		<b>120</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>Emma S.</b> b. (Middle) <b>Howard</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>February 4 1953</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>August 17 1879</b>		
9. AGE (in years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pearl Illinois</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Fred Roberts</b>		13b. MOTHER'S MAIDEN NAME <b>Lacy</b>		14. NAME OF HUSBAND OR WIFE <b>Elmer Howard (deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Elmer Howard New Boston Illinois</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b> ANTECEDENT CAUSES DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) <b>Chronic passive congestion</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocardial degeneration</b>					INTERVAL BETWEEN ONSET AND DEATH <b>acute</b> <b>4 yr</b> <b>4 yr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <b>5810</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <b>7/9 1953</b> , to <b>2/4 1953</b> , that I last saw the deceased alive on <b>2/4 1953</b> , and that death occurred at <b>9:32 AM</b> from the causes and on the date stated above.								
23a. SIGNATURE <b>T. W. Purcell M.D.</b> (Degree or title)				23b. ADDRESS <b>Hannibal Mo</b>		23c. DATE SIGNED <b>2/9/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>2/6/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sheerer Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>New Center Ill. Pike Co</b>		
DATE REC'D BY LOCAL REG. <b>2/4/53</b>		REGISTRAR'S SIGNATURE <b>W. G. M. Lucke Deputy</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>W. G. M. Lucke Deputy Hannibal Mo</b>				

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

Dr. W. Purcell M.D.

RECEIVED FEB 15 1953

MARION CO. HEALTH DEPT.

DATE FILED FEB 15 1953

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 \_\_\_\_\_

~~This body was not embalmed~~

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

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed

*H. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.