

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36510

State File No.

FILED OCT 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>368</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission.)					
a. COUNTY Marion		b. CITY (If outside corporate limits, write RURAL and give town or town) Hannibal		a. STATE Missouri		b. COUNTY Marion			
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Hannibal		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Riverpoint Lodge 1606 Harrison Hill				e. STREET ADDRESS (If rural, give location) 1606 Harrison Hill					
3. NAME OF DECEASED (Type or Print)			a. (First) Sada E. Allshouse		b. (Middle)		c. (Last)		
4. DATE OF DEATH October 1, 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH November 3, 1864	
9. AGE (In years last birthday) Months Days 88 10 28		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and State or Foreign Country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Dr. Benjamin Q. Stevens			13b. MOTHER'S MAIDEN NAME Hattie McLeod			14. NAME OF HUSBAND OR WIFE Harry (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME Mrs. B. H. Rickman				ADDRESS Hannibal Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 3 wks	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart failure		DUE TO (b) Generalized atherosclerosis				DUE TO (c)	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		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 4500						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Sept 51 , 1951, to Oct. 1st , 1953, that I last saw the deceased alive on Sept 28 , 1953, and that death occurred at 11:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE J. E. Sultzman M.D.				23b. ADDRESS Hannibal Mo.		23c. DATE SIGNED Oct 10-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/5/53		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet		24d. LOCATION (City, town, or county) (State) Hannibal Missouri			
DATE REC'D BY LOCAL REG. 10/27/53		REGISTRAR'S SIGNATURE L. B. McLeach		25. FUNERAL DIRECTOR'S SIGNATURE W. C. ...		ADDRESS Hannibal Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED OCT 28 1953
MARION CO. HEALTH DEPT.
DATE FILED OCT 28 1953

MAR 30 1954

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.....
Signature of Student Embalmer

Signed *H. Campbell Smith*.....

Licensed Embalmer No....3814

P. O. Address ...Hannibal, Mi

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**