

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31230**
286

FILED SEP 27 1954

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY OR TOWN Hannibal		c. CITY OR TOWN RURAL-Liberty Township	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) Star Route	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Sophia	b. (Middle) Elizabeth	c. (Last) Exon	4. DATE OF DEATH (Month) (Day) (Year) Sept. 11 1954
-------------------------------------	--------------------------	------------------------------	-----------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 14 April 1868	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Warsaw, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME William Katz	13b. MOTHER'S MAIDEN NAME Mary Spitze	14. NAME OF HUSBAND OR WIFE James Exon
--	--	---

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 ADDRESS Mrs. Lloyd Yaebrough, Palmyra, Mo.
--	-------------------------------------	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulated bowel		INTERVAL BETWEEN ONSET AND DEATH 7 da.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Small Int. Femoral hernia		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5615		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Small bowel incarcerated in femoral ring. Bowel gangrenous. Peritonitis & anastomosis done	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) (Min.)	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 2**, 19**54**, to **Sept 11**, 19**54**, that I last saw the deceased alive on **Sept 11**, 19**54**, and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Hill, M.D.	23b. ADDRESS Palmyra Mo.	23c. DATE SIGNED 9/13/54
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 14 Sept. 1954	24c. NAME OF CEMETERY OR CREMATORY New Providence	24d. LOCATION (City, town, or county) (State) Ursa, Illinois
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 9-16-54	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Fisher, Lewis Bros., Palmyra, Mo.
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 23 1954
MARION CO. HEALTH DEPT.
DATE FILED SEP 23 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
Student Embalmer

Signed George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Palmyra, 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.