

FILED JUL 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. 195  
Registrar's No. 195

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. LENGTH OF STAY (In this place) <b>6640</b>	
c. CITY OR TOWN <b>Hannibal</b>		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 <b>Becky Thatcher Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>1114 Paris</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elsie</b> b. (Middle) <b>F</b> c. (Last) <b>Hostetter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 2, 1955</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>July 17, 1887</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Frankford, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Robert Heden</b>	13b. MOTHER'S MAIDEN NAME <b>Ann Griffith</b>	14. NAME OF HUSBAND OR WIFE <b>William Thomas Hostetter</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. C. M. Jones</b>	ADDRESS <b>Hannibal, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>acute</b>  <b>1 month</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>auricular fibrillation</b>		
	ANTECEDENT CAUSES <b>bundle branch block (cardic)</b> DUE TO (b) _____ DUE TO (c) _____		
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 <b>4330</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 6/8/55, 19  , to 6/24/55, 19  , that I last saw the deceased alive on 6/24/55, 19  , and that death occurred at    m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. E. Sultzman M.D.</b>	(Degree or title)	23b. ADDRESS <b>115 N. 5 Hannibal Mo</b>	23c. DATE SIGNED <b>July 3 55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 5, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grand View Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-6-55</b>	REGISTRAR'S SIGNATURE <b>Dr. Em. Lucke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>By W. C. Fisher</b>	ADDRESS <b>Hannibal, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 12 1955  
MARION CO, HEALTH DEPT  
DATE FILED JUL 12 1955

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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 *John S. Hand*.....

Licensed Embalmer No. *45*.....

P. O. Address *Harmon*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.