

Health, Welfare Public Service  
 300 1-56  
 All diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF REALITY OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

182260

STATE FILE NUMBER

FILED MAY 21 1957

Registration District No. 292 Primary Registration District No. 6004 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence R R # 3</u>			Length of stay in lb	d. STREET ADDRESS <u>RFD # 3</u>			(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MYRTLE</u> Middle <u>FAYE</u> Last <u>ROMBERG</u>				4. DATE OF DEATH Month <u>April</u> Day <u>29</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>February 7, 1885</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>2</u> Days <u>22</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Near Stoutsville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13. FATHER'S NAME <u>James S. Raney</u>				14. MOTHER'S MAIDEN NAME <u>Lucy Johnson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Evert Young, Hannibal Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanition</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute CVA</u> DUE TO (c) <u>arteriosclerosis and hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)							INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>1 1/2 month</u> <u>5 years</u>
MEDICAL CERTIFICATION 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>3-18-57</u> to <u>3-31-57</u> and last saw her <sup>him</sup> alive on <u>Feb 31-57</u> . Death occurred at <u>4:00m A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>F. E. Sultzman M. D.</u>				22b. ADDRESS <u>115 N. 5th St. Hannibal, Mo.</u>		22c. DATE SIGNED <u>5-6-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>5/1/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>		
24. FUNERAL DIRECTOR <u>W. H. [Signature]</u> ADDRESS <u>Hannibal Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>5/9/57</u>		26. REGISTRAR'S SIGNATURE		

(Licensed Embalmer's Statement on Reverse Side)

1561 2 717

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision...

Student.....  
Signature of Student Embalmer

Signed *H. Crawford Smith*  
Licensed Embalmer No. 3814

P. O. Address Hannibal, Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.