

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25360

STATE FILE NUMBER

FILED AUG 1 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 267

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth		Length of stay in 1b 1 day	d. STREET ADDRESS Long's Rest Home		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) IDA MAE DUNHAM			4. DATE OF DEATH July 19, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 20, 1879	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 4 Days 29 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) New Salem Illinois		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Jules Bonnett			14. MOTHER'S MAIDEN NAME Sarah O'Donnell		
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 Address Mrs. Russell Hodson Hannibal Missouri		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscleriotic vascular disease					INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic valvular heart disease					1 year
DUE TO (c) 4214					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 July 17, 1957 , to July 19, 1957 and last saw her alive on July 19, 1957 Death occurred at 12:20 A M m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert Lanning (Degree or title)			22b. ADDRESS B & L Building, Hannibal, Missouri		22c. DATE SIGNED 7/22/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/21/57	23c. NAME OF CEMETERY OR CREMATORY Blue River Cemetery		23d. LOCATION (City, town, or county) (State) Detroit Illinois	
24. FUNERAL DIRECTOR John L. ... Address Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 7/23/57	26. REGISTRAR'S SIGNATURE W. E. ...		

MEDICAL CERTIFICATION

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED JUL 30 1957
MARION CO. HEALTH DEPT.
DATE FILED JUL 30 1957

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. Moore*
.....

Licensed Embalmer No. ~~3014~~

P. O. Address Hannibal Mo

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.