

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH282776
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 324

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 Levering Hospital		Length of stay in lb 10 days	d. STREET ADDRESS 1125 Park Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ETHEL MAY HUMPHREY			4. DATE OF DEATH Month AUG. Day 14, Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 23, 1879	9. AGE (In years last birthday) 77
IF UNDER 1 YEAR Months 7 Days 14 Hours 4 Min. 3	IF UNDER 24 HRS. Hours 4 Min. 3	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and state or country) Pike Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Samuel W. Turner			14. MOTHER'S MAIDEN NAME Martha Wamsley		
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. Unknown	17. INFORMANT Address Mr. Ernest Humphrey, Hannibal, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial infarct					INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intestinal perforation with peritonitis					2 weeks
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic Myocarditis.					19. WAS AUTOPSY PERFORMED? -2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 7:10 Month, Day, Year					
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 August 8, 1957 to August 14, 1957 and last saw ^{her} him alive on 8/14/57 Death occurred at 8:10 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert Lanning (Signature or title)			22b. ADDRESS 504 B & L Building Hannibal, Missouri		22c. DATE SIGNED 8/16/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/14/57	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	23d. LOCATION (City, town, or county) (State) Louisiana, Missouri		
24. FUNERAL DIRECTOR Sterne Funeral Home, Louisiana, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 8-20-57	26. REGISTRAR'S SIGNATURE Dr. Em. Lucke By 10 October	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

RECEIVED AUG 22 1957
MARION CO. HEALTH DEPT.
DATE FILED AUG 22 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.. *Virginia M. Steene*

Licensed Embalmer No. 46

P. O. Address *Louisiana*

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.