

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002119

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Adams</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Quincy</u> <u>8120</u> <u>g</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>106 Indian Hills</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ethel</u> <u>pp</u> <u>Penick</u>			4. DATE OF DEATH Month Day Year <u>Jan</u> <u>31</u> <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-8-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>76</u>
11. BIRTHPLACE (City and state or country) <u>Lewis County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Tate</u>		13b. MOTHER'S MAIDEN NAME <u>Mary F Horseman</u>	14. NAME OF HUSBAND OR WIFE <u>Fred</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Frank Penick- 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>Metastatic Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Saddle Thrombosis Deep Artery</u>			<u>5 Days</u>
DUE TO (c) <u>Arterio Sclerotic Heart Disease &amp; Fibrillation</u>			<u>2 mo.</u>
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? <u>YES</u> NO <input 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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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>Dec 29-58</u> to <u>Jan 31-59</u> and last saw <sup>her</sup> <u>Jan 31-59</u> Death occurred at <u>11:15 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>F. C. Sultzman M.D.</u>		22b. ADDRESS <u>Hannibal Mo.</u>	22c. DATE SIGNED <u>Feb 3-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-3-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Payson Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Payson, Illinois</u>
24. FUNERAL DIRECTOR ADDRESS <u>H. W. C. Donnell Hannibal, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-3-1959</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Luckelby &amp; C. Fisher</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, catcher, etc. must use any standard nomenclature in item 10. No symptoms will be stated.

RECEIVED ~~FEB 10 1958~~  
MARION CO. HEALTH DEPT.  
DATE FILED ~~FEB 10 1958~~

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 *L. M. Howell* .....

Licensed Embalmer No. 3889 .....  
P. O. Address Hannibal, Mo. ....

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.