

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

-60-027645

STATE FILE NUMBER

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Marion		b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		a. STATE Mo.		b. COUNTY Marion	
c. FULL NAME OF HOSPITAL OR INSTITUTION 636 Union St.		Length of stay in 1b 5 1/2 yrs		c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Sarah Elizabeth Troutner		4. DATE OF DEATH 6 - 26 - 1960		d. STREET ADDRESS 636 Union		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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 1-21-1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework (Own home)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) Pike county, Ill.		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jacob McDaniel		13b. MOTHER'S MAIDEN NAME Sarah Manker	
14. NAME OF HUSBAND OR WIFE Thomas Troutner		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.		17. INFORMANT Mary Witthouse Hannibal, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease						2 yrs	
DUE TO (b) Arterio Sclerotic Vascular Disease						2 yrs	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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 a.m. p.m. 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 June 12, 1957 to 6/26/60 and last saw her alive on 4/30/60 . Death occurred at 5:20 A on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Robert Lanning - MD				22b. ADDRESS Hannibal, Mo		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-28-1960		23c. NAME OF CEMETERY OR CREMATORY Atlas Cemetery		23d. LOCATION (City, town, or county) (State) Atlas, Ill.	
24. FUNERAL DIRECTOR Clark Funeral Home - Hannibal, Mo.				25. DATE RECD. BY LOCAL REG. 7/9/60		26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke by Lillian M. Herman	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF .

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo

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