

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25916**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY OR TOWN Clinton	c. LENGTH OF STAY (in this place) 3 weeks	c. CITY OR TOWN Clinton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hosp		STREET ADDRESS (If rural, give location) 304 E. Ohio	

3. NAME OF DECEASED (Type or Print) a. (First) Emma	b. (Middle) Frances	c. (Last) Luallin	4. DATE OF DEATH (Month) (Day) (Year) Sept. 3 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 23 1873	9. AGE (in years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of or entire life even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Henry County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Mersch	13b. MOTHER'S MAIDEN NAME Mary E. Sutmiller	14. NAME OF HUSBAND OR WIFE Calvin Luallin
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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'S SIGNATURE OR NAME Faye Luallin	ADDRESS Clinton, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 weeks 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral endarteritis DUE TO (c) None		

19a. DATE OF OPERATION No	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 332 X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1945**, to **Sept 3, 1955**, that I last saw the deceased alive on **Sept 3, 1955**, and that death occurred at **6¹⁰ P** m., from the causes and on the date stated above.

23a. SIGNATURE S. B. Hughes (Degree or title) M.D.	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 9/5/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 5, 1955	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton, Missouri
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DATE REC'D BY LOCAL REG. Sept. 5-55	REGISTRAR'S SIGNATURE Florence Adams	424	25. FUNERAL DIRECTOR'S SIGNATURE E. Conner	ADDRESS Clinton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Eugene R. Convalin*.....

Licensed Embalmer No. *46*
P. O. Address *Clinton,*

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