

S. No. 300  
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12929

State File No. \_\_\_\_\_

FILED APR 18 1949

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg, Mo.</u>		c. LENGTH OF STAY (In this place) <u>3 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Clinic</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caddy</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Suiter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 6 - 49</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 24, 1913</u>	
9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Iconium, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>F. A. Crabtree</u>		13b. MOTHER'S MAIDEN NAME <u>Florance Wright</u>		14. NAME OF HUSBAND OR WIFE <u>Boyd Suiter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Boyd Suiter, Knob Noster, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive (95%) 3rd degree burns over body - fire from coal oil explosion. cutting stone</u> DUE TO (b) <u>Fire from coal oil explosion. cutting stone</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 9/160</u> <u>16</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warrensburg Johnson Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 - 6 - 49 59 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Coal oil on fire - explosion</u>			
22. I hereby certify that I attended the deceased from <u>4 - 6 - 1949</u> to <u>4 - 6 - 49</u> , 19____, that I last saw the deceased alive on <u>4 - 6 - 1949</u> , and that death occurred at <u>99 m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. F. McKinney M.D.</u>				23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>4-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 8, 1949</u>		REGISTRAR'S SIGNATURE <u>Savannah Cretchfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker</u>		ADDRESS <u>Knob Noster, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5122

(Licensed Embalmer's Statement on Reverse Side)

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**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.

Signed W. Raymond Baker

Signed.....  
Student Embalmer

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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 this body is not embalmed, fact should be so stated above.