

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16599

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5755 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vienna, Mo. (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) J.	c. (Last) Sudheimer	4. DATE OF DEATH (Month) (Day) (Year) May 19, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 24, 1865	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR (Month) 10	IF UNDER 24 HRS. (Hours) 25	IF UNDER 15 MIN. (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Adam Sudheimer	13b. MOTHER'S MAIDEN NAME Mary Snure	14. NAME OF HUSBAND OR WIFE Nina Sudheimer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs J. B. Eads,	ADDRESS Vienna, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prostatic carcinoma		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			177X

19a. DATE OF OPERATION	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 May 15, 1949 to May 19, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. C. Howard (Degree or title) D.O.	23b. ADDRESS Vienna, Missouri	23c. DATE SIGNED 5/25/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 22, 1949	24c. NAME OF CEMETERY OR CREMATORY Hughes Chappel	24d. LOCATION (City, town, or county) (State) Maries County, Mo.
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DATE REC'D BY LOCAL REG. 5-27-49	REGISTRAR'S SIGNATURE Pauline Howard	188 GENERAL DIRECTOR'S SIGNATURE J. C. Birmingham	ADDRESS Vienna, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JUN 2 1949

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
Student Embalmer

Signed *McP. Birmingham*
Licensed Embalmer No. 3664
P. O. Address *Citrus 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.