

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16971

2180

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1001		Registrar's No. 2180			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY Jackson		b. STATE Missouri		c. COUNTY Jackson					
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 548 Main					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) Frank		b. (Middle) Montgomery		c. (Last) Suddath		4. DATE OF DEATH (Month) (Day) (Year) 5 - 10 - 50			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 1-28-1897			
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No Record			10b. KIND OF BUSINESS OR INDUSTRY No Record			11. BIRTHPLACE (State or foreign country) Missouri			
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Benjamin Suddath		13b. MOTHER'S MAIDEN NAME Louise Fitzgerald		14. NAME OF HUSBAND OR WIFE XX		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW #1			16. SOCIAL SECURITY NO. No Record			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jas. V. Suddath, 2508 W. 47 Terr. KC Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas with metastases				liver spleen peritoneum and all mesenteric lymph nodes				1 mo.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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.								151X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)					
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?					
22. I hereby certify that I attended the deceased from April 14, 1950, to May 10, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 4:35 Am., from the causes and on the date stated above.									
23a. SIGNATURE B. A. Burns (Degree or title)				23b. ADDRESS Med. Dir. General Hospital No. 1				23c. DATE SIGNED 5-10-50	
24a. BURIAL (CREMATION) Cremation		24b. DATE 5-13-50		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			
DATE REC'D BY LOCAL REG. 5-12-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner		ADDRESS Kansas City Mo.			

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
Student Embalmer

Signed.....

Eugene Hermon

Licensed Embalmer No. 4633

P. O. Address Lawrence City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.