

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36511**
Registrar's No. **264**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chamois Mo.	
c. LENGTH OF STAY (in this place) 10da		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys' Hospital			

3. NAME OF DECEASED (Type or Print) Vera Suppenbach			4. DATE OF DEATH (Month) (Day) (Year) Nov-25-1950		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct-16-1903	9. AGE (in years last birthday) 47	IF UNDER 1 YEAR Months 1 Days 9	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Allenton Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Benj. McGraw		13b. MOTHER'S MAIDEN NAME Josephine Gugermuthe		14. NAME OF HUSBAND OR WIFE Wm. F. Suppenbach	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Wm. F. Suppenbach ADDRESS Chamois Mo	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Rich Rural Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension		DUE TO (b) 63.3X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post operative 18 days from			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Total hysterectomy		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 **10-24, 1950**, to **11-25, 1950**, that I last saw the deceased alive on **11-25, 1950**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Osaman MD (Degree or title)		23b. ADDRESS Jefferson City, Mo		23c. DATE SIGNED 11/27/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-28-50		24c. NAME OF CEMETERY OR CREMATORY DEER CREEK		24d. LOCATION (City, town, or county) (State) Chamois Mo R.D.	
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DATE REC'D BY LOCAL REG. Nov. 27-1950		REGISTRAR'S SIGNATURE R.P. Davis MD - NR		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Weston Linn, Mo ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 11/29/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11/29/50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed
Student Embalmer

Signed Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn

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.