

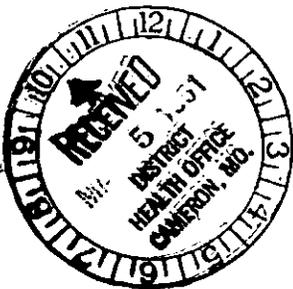
FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4408

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4195		Registrar's No. 16		
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Gentry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City		c. LENGTH OF STAY (in this place) 11.2.51		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City Mo.		0380		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home.				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Wilhemina b. (Middle) Lura c. (Last) Suchland.			4. DATE OF DEATH (Month) (Day) (Year) 2.27.1951.					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 3.22.1859		9. AGE (In years last birthday) 91.	IF UNDER 1 YEAR Months 11	IF UNDER 1 YEAR Days 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (State or foreign country) Giarard Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Bax.		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE August Suchland.				
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 ADDRESS Zena McElroy, King City Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart disease</u> ANTECEDENT CAUSES Afordid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral arterio Sclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (m.)		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 <u>Aug 6, 1886</u> , to <u>2-27, 1951</u> , that I last saw the deceased alive on <u>2-26, 1951</u> , and that death occurred at <u>11:15 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. B. Shaddock M.D.</u>				23b. ADDRESS King City Mo		23c. DATE SIGNED 2-28-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Shipped		24b. DATE 2.28.51		24c. NAME OF CEMETERY OR CREMATORY Shipped to		24d. LOCATION (City, town, or county) (State) Erie Pennsylvania		
DATE REC'D BY LOCAL REG. Mar 7 - 1951		REGISTRAR'S SIGNATURE Edith Schilde 430		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. G. Yaggar King City Mo				

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



APR 3 1967

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

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.