

NOV 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37038

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

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>150</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (In this place) <u>74 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		0402	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1016 Harris Ave</u>				d. STREET ADDRESS (If rural, give location) <u>1016 HARRIS AVE.</u>			
3. NAME OF DECEASED (Type or Print) <u>HARRY</u>		a. (First)		b. (Middle)		c. (Last) <u>Sugg</u>	
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>17</u>		(Year) <u>1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 23 1864</u>	
9. AGE (In years) <u>87</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>24</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>Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Transportation</u>		11. BIRTHPLACE (State or foreign country) <u>England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Sugg</u>		13b. MOTHER'S MAIDEN NAME <u>JANE Sugg</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie E. Davis.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANCIS BREITENBUCHER</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>					<u>7</u>
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Enlarged Prostate and Obstruction</u> DUE TO (c) <u>Arteriosclerosis General</u>					
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) (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 <u>10-1-</u> , 19 <u>51</u> , to <u>11-17-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-15-</u> , 19 <u>51</u> , and that death occurred at <u>4:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. J. ...</u> (Degree or title)				23b. ADDRESS <u>Trenton, MO.</u>		23c. DATE SIGNED <u>11/19/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 19.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton, MO.</u>		
DATE REC'D BY LOCAL REG. <u>11/19/51</u>		REGISTRAR'S SIGNATURE <u>Jane Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Diana Blackmore</u> ADDRESS <u>Trenton, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

D. Fuson

1987-62-ADN

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 J. Gordon Blackman

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.