

FILED DEC 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38402

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>River Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u>		b. (Middle) <u>E</u>	
		c. (Last) <u>Suddarth</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>11-20-'51</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	8. DATE OF BIRTH <u>12-12-1904</u>
9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fish Dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Fish</u>	11. BIRTHPLACE (State or foreign country) <u>Xenia, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Volley Suddarth</u>		13b. MOTHER'S MAIDEN NAME <u>Phillips</u>	
14. NAME OF HUSBAND OR WIFE			
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 <u>Hospital Record</u>		ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>331X</u>	
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>11-20</u> , 19 <u>51</u> , to <u>11-20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-20</u> , 19 <u>51</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>DR. J. R. Collins, M.D.</u> (Degree or title)		23b. ADDRESS <u>LOUISIANA, MO</u>	
		23c. DATE SIGNED <u>11-20-51</u>	
24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE <u>11-20-1951</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>FLORRA, ILLINOIS</u>
DATE REC'D BY LOCAL REG. <u>Nov 20, 1951</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u> <u>374</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Haley Mortuary, Louisiana</u> ADDRESS <u>Mo.</u>	

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

Date Received: DEC 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2204
Date Filed: DEC 5 1951

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.....

Licensed Embalmer No.....

P. O. Address.....

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.