

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44089

State File No.

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

FILED FEB 1 1952

BIRTH NO. 127 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 4327 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Miller 0660</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY OR TOWN <u>Iberia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia 0660</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>McClellan</u> c. (Last) <u>Sooter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22, 1951</u>		
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>April 17, 1862</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ministry</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Dr. Harvey VanBuren Sooter</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Sooter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>442X</u>	
15. ADDRESS		16. ADDRESS		17. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIC POISONING</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cardio-Vascular-Renal Disease 5 yrs.</u>		
	DUE TO (c) <u>Senility</u>		
11. 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) <u>1</u> 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 Dec 20, 1951, to Dec 22, 1951, that I last saw the deceased alive on Dec 20, 1951, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John A. Mihalevich D.O.</u>	23b. ADDRESS <u>Crocker, Mo</u>	23c. DATE SIGNED <u>12-25-51</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 24, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Iberia (Rural) Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Jan. 19-1952</u>	REGISTRAR'S SIGNATURE <u>Jessie Perkins 145-</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. ... Crocker, Mo</u>	ADDRESS
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JAN 20 1917
MILLER
DEPT. OF HEALTH

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. 4265

P. O. Address Genie, 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.