

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9465**

No. 300
10-48

FILED MAR 24 1952

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY Culaski Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Texas			
b. CITY OR TOWN Waynesville		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Rural - Boone		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital				d. STREET ADDRESS (If rural, give location) 8th St E of Palace Mo			
3. NAME OF DECEASED (Type or Print) Rosella		b. (Middle) Sudheimer		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Mar 8, 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 12, 1876		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 5 YRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Vienna Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Leman Bassett		13b. MOTHER'S MAIDEN NAME Katherine Taylor		14. NAME OF HUSBAND OR WIFE J. D. Sudheimer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ina Craig			
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* Pulmonary Embolism				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) Post-operatively Arteriosclerotic Degenerative DUE TO (b) Decompensated Heart Disease					
		II. OTHER SIGNIFICANT CONDITIONS Cholecystitis & Cholelithiasis Conditions contributing to the death but not related to the disease or condition causing death. & partial perforation & pending peritonitis.					
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 584X			
22. I hereby certify that I attended the deceased from Dec 10, 1949 , to Mar 8, 1952 , that I last saw the deceased alive on Mar 8, 1952 , and that death occurred at 1:10 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. J. Durso, M.D.				23b. ADDRESS Houston, Mo		23c. DATE SIGNED 3/17/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-10-52	24c. NAME OF CEMETERY OR CREMATORY Palace Cem		24d. LOCATION (City, town, or county) (State) Culaski Mo		
DATE REC'D BY LOCAL REG. 3-17-52		REGISTRAR'S SIGNATURE Charles Anderson		458-0		25. FUNERAL DIRECTOR'S SIGNATURE Smith E. Ferguson	
						ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

6500

RECEIVED 3-19-58
Pulaski County Health Officer
File Number
Date Filed 3-22-58

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.

Signed Ember E Ferguson

Signed _____
Student Embalmer

Licensed Embalmer No. 3945

P. O. Address Licking 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.