

FILED APR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12408**

BIRTH NO.		REG. DIST. NO. 72		PRIMARY REG. DIST. NO. 0389		Registrar's No. 90	
1. PLACE OF DEATH a. COUNTY CLAY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gashland c. LENGTH OF STAY (in this place) 6 mo d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Reber Ridge Addn.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CLAY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gashland d. STREET ADDRESS (If rural, give location) Reber Ridge Addn.			
3. NAME OF DECEASED (Type or Print) a. (First) ERNEST b. (Middle) Denhan c. (Last) SUGGETT		4. DATE OF DEATH (Month) (Day) (Year) APR 11 1952		5. SEX MALE		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH Aug 23 1881		9. AGE (In years last birthday) Months Days 70 7 19		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
11. BIRTHPLACE (State or foreign country) CLAY Co., MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME DANIEL SUGGETT		13b. MOTHER'S MAIDEN NAME ELIZABETH BOWLES	
14. NAME OF HUSBAND OR WIFE MARGARET SUGGETT		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. 447-26-1008		17. INFORMANT'S SIGNATURE OR NAME MARGARET SUGGETT GASHLAND	
18. CAUSE OF DEATH Enter 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE J. Pate M.C. coroner		23b. ADDRESS North Kansas City Mo.		23c. DATE SIGNED 4/11/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-52		24c. NAME OF CEMETERY OR CREMATORY White Chapel			
24d. LOCATION (City, town, or county) (State) Kansas City, North		DATE REC'D BY LOCAL REG. 4-14-1952		REGISTRAR'S SIGNATURE Beulah Fitchew			
25. FUNERAL DIRECTOR'S SIGNATURE Newcomer's		ADDRESS NORTH KANSAS CITY					

(Licensed Embalmer's Statement on Reverse Side)

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

240

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Glenn H. Hill*

Signed.....
Student Embalmer

Licensed Embalmer No. *4586*

P. O. Address *Avondale, 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.