

MAILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16250

BIRTH NO. REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5549 Registrar's No. 48

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

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Richmond Twp.		c. LENGTH OF STAY (In this place) b yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.2 Fayette, Mo		d. STREET ADDRESS (If rural, give location) R.R.2-Fayette, Mo. 0450	

3. NAME OF DECEASED (Type or Print) a. (First) Odbert	b. (Middle) Andrew	c. (Last) Suddarth	4. DATE OF DEATH (Month) (Day) (Year) May 8, 1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Feb. 13, 1884	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 2 Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Howard Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Andrew Jackson Suddarth	13b. MOTHER'S MAIDEN NAME Mildred Ann Leebrick	14. NAME OF HUSBAND OR WIFE Ethel George
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO 488-26-4121	17. INFORMANT'S SIGNATURE OR NAME Mrs O. A. Suddarth Fayette, Mo	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 4 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis - requiring amputation both lower extremities at hip - (operations approx. one month apart)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Feb + March 1952	19b. MAJOR FINDINGS OF OPERATION Thrombosis basilar venous system occlusion	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? 466x

22. I hereby certify that I attended the deceased from Feb, 1952, to May 7, 1952, that I last saw the deceased alive on May 7, 1952, and that death occurred at 12:20 m., from the causes and on the date stated above.

23a. SIGNATURE W. Beech Md. (Degree or title)	23b. ADDRESS Fayette, Mo.	23c. DATE SIGNED 5/8/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/10/52	24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Mo
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DATE REC'D BY LOCAL REG. 5-8-52	REGISTRAR'S SIGNATURE Mary D. Shell	25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr	ADDRESS Fayette, Mo
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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 _____

Ralph A. Carr

Signed.....

Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Daytone, Ohio

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.