U.S. No. 300
Rev. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24129

FILED AUG 12 1952

BIRTH NO. _____ REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5430 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Central
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Central 0360
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): W.
c. (Last): Susek

4. DATE OF DEATH (Month) (Day) (Year): 7 28 52

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Jan. 22, 1902
9. AGE (In years last birthday): 50 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Susek
13b. MOTHER'S MAIDEN NAME: Mary Sraster
14. NAME OF HUSBAND OR WIFE: Annie Susek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs Annie Susek

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — Interval between onset and death: 1 hr 45 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Circulatory Collapse — 4 hrs
DUE TO (c) Coronary artery disease — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Heat Exhaustion — 6 hrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: H.2.01.
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 11, 1952, *to* July 28, 1952, *that I last saw the deceased alive on* July 28, 1952, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John M. Wilkinson
(Degree or title): D.O.
23b. ADDRESS: St Clair, Mo
23c. DATE SIGNED: 7-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-31-52
24c. NAME OF CEMETERY OR CREMATORY: Fisher Cemetery
24d. LOCATION (City, town, or county) (State): St. Clair, Missouri

DATE REC'D BY LOCAL REG.: 7-30-52
REGISTRAR'S SIGNATURE: 96-1 E. L. Worthington
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Casey & Lenox — St. Clair, Mo

m. (Licensed Embalmer's Statement on Reverse Side)

AUG 12 1952

AUG 19 1952

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 Colin Forbes Student Embalmer No. #39 working under my personal supervision.

Student Colin Forbes
Student Embalmer

Signed K. M. Lemon

Licensed Embalmer. No. 3601

P. O. Address St. Clair, 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.