

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42285**
5466

No. 300
10-48
LED JAN 5 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mason</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>		10610		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Paul (3012 Bellefontaine)</u>				d. STREET ADDRESS (If rural, give location) —				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank F.</u> b. (Middle) _____ c. (Last) <u>Sueber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-13-52</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 18, 1886</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>25</u>	IF UNDER 1 MO. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marceline, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George Sueber</u>		13b. MOTHER'S MARDEN NAME <u>Anna Schrage</u>		14. NAME OF HUSBAND OR WIFE <u>Ing. Sueber Mo.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If rec. give year or dates of service) <u>495-12-7691</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ing. Sueber Marceline, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis with Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Arteriosclerotic Heart Dis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>	
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?				
22. I hereby certify that I attended the deceased from <u>Sept 1952</u> , to <u>Dec 13, 1952</u> that I last saw the deceased alive on <u>Dec 6, 1952</u> and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Robert W. Smith</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Marceline, Mo.</u>		23c. DATE SIGNED <u>12-13-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY —		24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-13-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McMillen Taylor</u>		ADDRESS <u>K.C. Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 5 1962

ESSEL O.L. NRC

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

Melvin Bartlett

Student Embalmer No. *438*

working under my personal supervision.

Melvin Bartlett
Student Embalmer

Signed *F. Lee Schaberg*

Licensed Embalmer No. *4513*

P. O. Address *Bliss, 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.