S. No. 300
EV. 10.48

0195
1

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

FILED JAN 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

617

State File No.

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4096 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Freeman
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Freeman 019.0
d. STREET ADDRESS (If rural, give location): No street no.

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) WASHINGTON c. (Last) SUDDARTH

4. DATE OF DEATH (Month) Jan (Day) 5 (Year) 1953

5. SEX: Male | **6. COLOR OR RACE**: White | **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married | **8. DATE OF BIRTH**: Feb 15 1890 | **9. AGE** (In years last birthday): 62 | 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): Pipe liner | **10b. KIND OF BUSINESS OR INDUSTRY**: Lewis Pipe Co. | **11. BIRTHPLACE** (State or foreign country): Kansas City Mo. | **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: W. W. Suddarth | **13b. MOTHER'S MAIDEN NAME**: Rua Duncan | **14. NAME OF HUSBAND OR WIFE**: Pearl Suddarth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): ✓ | **16. SOCIAL SECURITY NO.**: 495-01-8210 | **17. INFORMANT'S SIGNATURE OR NAME**: Mrs. J. W. Suddarth | **ADDRESS**: Freeman Mo.

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: 26 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) 420 D

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 4 years

19a. DATE OF OPERATION: ✓ | 19b. MAJOR FINDINGS OF OPERATION: ✓ | 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* Aug. 9, 1949, *to* Jan. 5, 1953, *that I last saw the deceased alive on* Jan. 5, 1953, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. P. Barger (Degree or title) M.D. | 23b. ADDRESS: Harrisonville Mo. | 23c. DATE SIGNED: Jan 6 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24b. DATE: Jan 9-1953 | 24c. NAME OF CEMETERY OR CREMATORY: Freeman Cemetery | 24d. LOCATION (City, town, or county) (State): Freeman Mo

DATE REC'D BY LOCAL REG.: Jan 7, 1953 | REGISTRAR'S SIGNATURE: Dora Barnard 4519 D | 25. FUNERAL DIRECTOR'S SIGNATURE: Zimmerburger's | ADDRESS: Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1953

RECEIVED
JAN 10
CASS COUNTY
HEALTH DEPARTMENT

JAN 23 1953

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.

Student .....
Student Embalmer

Signed James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville 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.