

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13592**

FILED MAY 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **4124** Registrar's No. **27**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Clark</b> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Kahoka, Mo.</b> c. LENGTH OF STAY (in this place) <b>3 yrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ward Nursing Home</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clark</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wyaconda, Mo. "Rural" Washington</b> d. STREET ADDRESS (If rural, give location) <b>Near Wyaconda, Mo. 0230</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>Emmah</b> b. (Middle) <b>C.</b> c. (Last) <b>Suter</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 6, 1953</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Apr. 29 1858</b>
<b>9. AGE</b> (In years last birthday) <b>94</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Lewis County, MO.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>13a. FATHER'S NAME</b> <b>Felix M. Laswell</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Standiford</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Henry Suter</b>		<b>ADDRESS</b> <b>Wyaconda, Mo.</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Old Age</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <b>Debility</b> <b>DUE TO (c)</b> _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. _____	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>794X</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from Jan 15, 1950, to Apr 6, 1953, that I last saw the deceased alive on Apr 3, 1953, and that death occurred at 3-P m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>H. Bridges MD</b> (Degree or title)		<b>23b. ADDRESS</b> <b>Kahoka Mo 4/24/53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>April 10</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Bear Creek Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Near Wyaconda, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>4/24-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>H. Bridges</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Bertha Basket</b>		<b>ADDRESS</b> <b>Wyaconda, Mo</b>	

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

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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.....

*Geo. V. Baskett*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....  
*Wyalond, 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.