No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24312

FILED AUG 12 1953

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5376 Registrar's No. 43

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

1. PLACE OF DEATH
a. COUNTY: DeKalb
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grand River Twp
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): 7 Mi. N W Cameron

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Davies
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grand River Twp. 0320
d. STREET ADDRESS (If rural, give location): Rural 7 Mi. N.W. Cameron

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): ALBERT AUGUST JOHN SUNDERMAN

4. DATE OF DEATH (Month) (Day) (Year): 7 27 53

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married. 1
8. DATE OF BIRTH: June 11-1885
9. AGE (In years last birthday): 68 — 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: Farming
11. BIRTHPLACE (State or foreign country): Iowa 1
12. CITIZEN OF WHAT COUNTRY?: Ans 9

13a. FATHER'S NAME: Henry Sunderman
13b. MOTHER'S MAIDEN NAME: Elizabeth Stevey
14. NAME OF HUSBAND OR WIFE: Dulcher Sunderman

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Dulcher Sunderman — ADDRESS: weatherby 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 Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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* 10-15, 1952, *to* 6-1-, 1953, *that I last saw the deceased alive on* 6-1-53, 19__, *and that death occurred at* 5 pm, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M
23b. ADDRESS: Cameron Mo
23c. DATE SIGNED: 8-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-28-53
24c. NAME OF CEMETERY OR CREMATORY: Lee Sermon
24d. LOCATION (City, town, or county) (State): Clarinda Iowa

DATE REC'D BY LOCAL REG.: 8-7-53
REGISTRAR'S SIGNATURE: [signature] 82
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] Paland Funeral Home — ADDRESS: Cameron

(Licensed Embalmer's Statement on Reverse Side)

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 Robert F Poland

Licensed Embalmer No. 4777 [illegible]

P. O. Address Cameron [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.