

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24377

State File No. ....

FILED AUG 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>612 W. Madison Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>612 W. Madison Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henry</u>	b. (Middle) <u>Logan</u>	c. (Last) <u>Souders</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Aug. 2 1953</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>July 10, 1886</u>	9. AGE (in years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Cement Finisher Concrete</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Concrete</u>	11. BIRTHPLACE (State or foreign country) <u>Oak Hill, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel C. Souders</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. McDaniel</u>	14. NAME OF HUSBAND OR WIFE <u>Belle Stubblefield Souder</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>494-03-9172A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Belle Souders</u>	ADDRESS <u>Owensville, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Hemiplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Causing Intracerebral Hemorrhage</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5 yrs.</u> <u>5 yrs.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>331X</u>

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 7-1, 1953, to 8-2, 1953, that I last saw the deceased alive on 8-2, 1953, and that death occurred at 2:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>Paula Brenner M.D.</u>	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>8-3-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-5-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Oak Hill, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>August 5, 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. Maurine Jappmeyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. H. Winter</u>	ADDRESS <u>OWENSVILLE</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

70  
1

0.300  
0.48

**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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Majed H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

**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.**