

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29234

State File No.

FILED SEP 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>5667</u>		Registrar's No. <u>49</u>			
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Redford</u>		c. LENGTH OF STAY (in this place) <u>6 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Normal</u>		6578			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hosp 5 mi S.E. of Troy Mo</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH FRANCES SUGLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 9 1953</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 9 1877</u>			
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>			
13a. FATHER'S NAME <u>Tom Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Calorn Paul Sugland</u>			14. NAME OF HUSBAND OR WIFE <u>Paul Sugland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Sugland Troy 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infinilities of age</u> DUE TO (c) 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>4 months</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)		4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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>Feb. 8, 1953</u> to <u>Sept 9, 1953</u> , that I last saw the deceased alive on <u>Sept 9, 1953</u> and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. L. Kelly</u>				23b. ADDRESS <u>502 Troy Mo.</u>		23c. DATE SIGNED <u>9/12/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept 12 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Troy Mo</u>			
DATE REC'D BY LOCAL REG. <u>Sept 12-1953</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Cooy</u>		ADDRESS <u>Troy Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

0570

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address Elsberry 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.