

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42679**

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	c. LENGTH OF STAY (In this place) 4 days	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Windsor Hospital		e. STREET ADDRESS (If rural, give location) 4315 1/2 East 9th Street	

3. NAME OF DECEASED (Type or Print) Mark	a. (First)	b. (Middle) F.	c. (Last) Suffran	4. DATE OF DEATH 12 13 53	(Month)	(Day)	(Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1891	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 12 HOURS Days	IF UNDER 24 HOURS 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) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Leather Goods.	11. BIRTHPLACE (City and State or Foreign Country) / Manitowac, Wis.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edw rd Suffran	13b. MOTHER'S MAIDEN NAME Emilie Schumeflinck	14. NAME OF HUSBAND OR WIFE Caroline Suffran
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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) NO.	16. SOCIAL SECURITY NO. 549-03-4595	17. INFORMANT'S SIGNATURE OR NAME Carolina Suffran	ADDRESS 4315 1/2 East 9th St.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car Wreck, lacerated chest.		INTERVAL BETWEEN ONSET AND DEATH 5 day
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Injury to Intestine		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 042 (STATE)
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21d. TIME OF INJURY Dec-9-53 (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-9**, 19**53**, to **12-13**, 19**53**, that I last saw the deceased alive on **12-13**, 19**53** and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ray B Jordan	(Degree or title) MD	23b. ADDRESS Windsor Mo	23c. DATE SIGNED 12-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/16/53.	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG Dec-16-53	REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE Hinton Turner	ADDRESS Windsor, Mo
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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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *William M. Furrer*

Licensed Embalmer No. *4688*

P. O. Address *Thunders, N*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.