

STANDARD CERTIFICATE OF DEATH

State File No. **5765**

FILED MAR 9 1954
BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - UNION TWP. P690	
c. LENGTH OF STAY (In this place) 8 DA.		d. STREET ADDRESS (If rural, give location) RFD MADISON, MO. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION WOODLAND HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) MOTX b. (Middle) HENNINGS c. (Last) SUDSBERRY			4. DATE OF DEATH (Month) (Day) (Year) FEB. 25 1954		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEB. 21 1891		9. AGE (In years last birthday) 63		10. IF UNDER 1 YEAR (Month) (Day) (Year) 0 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING		
11. BIRTHPLACE (State or foreign country) VIRGINIA			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME DAVID SUDSBERRY		13b. MOTHER'S MAIDEN NAME JUDITH ANN MOORE		14. NAME OF HUSBAND OR WIFE JULIA L. SUDSBERRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME MRS. M.H. SUDSBERRY ADDRESS MADISON, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 3 1/2	
ANTECEDENT CAUSES		b. Arteriosclerotic fibrosclerosis		DUE TO (b) 6.10X	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Benign hypertrophy prostate		II. OTHER SIGNIFICANT CONDITIONS Acute urinary retention 5 days	

19a. DATE OF OPERATION 25 Feb 54		19b. MAJOR FINDINGS OF OPERATION Prostatic hypertrophy + left inguinal herny		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 24 Feb 54 to 25 Feb 54 , that I last saw the deceased alive on Feb 23 1954 , and that death occurred at 1:30 m., from the causes and on the date stated above.					
23a. SIGNATURE [Signature] (Degree or title) M.D.			23b. ADDRESS MOBERLY MO.		
23c. DATE SIGNED 25 Feb 54					

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-27-54		24c. NAME OF CEMETERY OR CREMATORY BETHEL CEMETERY	
24d. LOCATION (City, town, or county) (State) HOLLIDAY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS PARIS, MISSOURI	
DATE REC'D BY LOCAL REG. 2-27-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	

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

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..... *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.