

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27742

State File No.

FILED AUG 18 1954

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3410</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>18 mo</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		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 <u>Kansas City Conv. Home</u>				e. STREET ADDRESS (If rural, give location) <u>3200 Northage NORLEDGE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>MAE</u> c. (Last) <u>Suddarth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 54</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 18 1873</u>		9. AGE (In years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Brookfield Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Woodson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Jacob Suddarth</u>		
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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lulu Berghoff</u> ADDRESS <u>Osage</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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>2 days</u> <u>2 1/2 hrs</u> <u>4201</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)			
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 <u>6-1-54</u> , 19 <u>54</u> , to <u>7-15-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-15-54</u> , 19 <u>54</u> , and that death occurred at <u>5:38 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Paul Laurens</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>428 Suth Whitlow</u>		23c. DATE SIGNED <u>7-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 17 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Huntsville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-16-54</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.W. Newcomer's Sons</u> ADDRESS <u>N.R.C. Inc.</u>			

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

Dr. Lawry

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..... *Robert E. Huron*

Licensed Embalmer No. *48*

P. O. Address..... *R. C. 11*

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.