

FILED SEP 9 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28243

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

0611

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>401 Crescent Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>401 Crescent Drive</b>			

3. NAME OF DECEASED (Type or Print) <b>Fred Carl Sulhoff</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>Aug. 9, 1954</b>	(Month)	(Day)	(Year)
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Mar. 18, 1870</b>	9. AGE (In years last birthday) <b>84</b>	# UNDER 1 YEAR <b>4</b>	MONTHS	DAY	# UNDER 24 HRS. <b>3</b>	HOURS	MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>weigh man @ coal mine</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>coal mining</b>	11. BIRTHPLACE (State or foreign country) <b>Macon, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Henry Sulhoff</b>	13b. MOTHER'S MAIDEN NAME <b>Teresa Schorgl</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W.J. Pellette, Macon, Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3+ yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterioclerotic Heart Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Asthma</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	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) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **April, 1952**, to **8/9, 1954**, that I last saw the deceased alive on **8/9, 1954**, and that death occurred at **3:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James E. Campbell M.D.</b>	23b. ADDRESS <b>Macon Mo.</b>	23c. DATE SIGNED <b>8/11/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Aug. 12, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Macon, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8/30/54</b>	REGISTRAR'S SIGNATURE <b>W. M. Neely</b>	183 FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Pellette</b>	ADDRESS <b>Macon, Mo.</b>
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RECEIVED 9.4.54  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 9.54.140  
Date Filed 9.7.54

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.

Signed \_\_\_\_\_

*R. Lester Dean*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4472

P. O. Address \_\_\_\_\_

*Macon, 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.