

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>El Dorado Spgs.</u>)		c. CITY OR TOWN <u>El Dorado Spgs.</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chambers Hospital</u>		STREET ADDRESS (If rural, give location) <u>Rt # 3</u> <u>0200</u>	
3. NAME OF DECEASED a. (First) <u>Sodie</u> b. (Middle) _____ c. (Last) <u>French</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-1-1887</u>
9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
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 <u>Iron Mine</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles Lusk</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred Hoff - El Dorado Spgs.</u> ADDRESS _____	
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>Bulbar Paralysis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</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>5 days</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>11-28, 1954</u> to <u>11-28, 1954</u> , that I last saw the deceased alive on <u>11-28, 1954</u> and that death occurred at <u>6 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Sunderwirth</u> (Degree or title) _____		23b. ADDRESS <u>El Dorado Spgs.</u>	23c. DATE SIGNED <u>11-29-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wright Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>NOV. 29, 1954</u>	REGISTRAR'S SIGNATURE <u>W. H. Knowlton</u> Deputy Registrar	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Knowlton</u> ADDRESS _____	

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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 em
by me, or by Student Embalmer No.....
working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed... *Max W. Beckering*

Licensed Embalmer No. *46*

P. O. Address *Q Dorad*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.