

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

402

No. 300
10. 48

FILED FEB 7 - 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 21

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton,</u> | | c. LENGTH OF STAY (In this place) <u>19 days</u> | c. CITY OR TOWN <u>Cedar 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>State Hospital #1</u> | | e. STREET ADDRESS (If rural, give location) <u>0140,</u> | |

| | | | | | |
|---|----------------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>FRANKS</u> c. (Last) <u>Sundermeyer</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27, 1955</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan 26 1880</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>1</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

| | | |
|---|--|--|
| 13a. FATHER'S NAME <u>Frank Luther LUOTHER</u> | 13b. MOTHER'S MAIDEN NAME <u>Clara ??</u> | 14. NAME OF HUSBAND OR WIFE <u>Herman Sundermeyer</u> |
|---|--|--|

| | | | |
|--|--|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records, Fulton, Mo.</u> | ADDRESS <u>State Hospital Records, Fulton, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Senile Psychosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Parkinson's Disease</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>350 X</u> | 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) (m.) | 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 Jan 8, 1955, to Jan 27, 1955, that I last saw the deceased alive on Jan 26, 1955, and that death occurred at 2:05A m., from the causes and on the date stated above.

| | | | |
|---|-------------------|--|------------------------------------|
| 23a. SIGNATURE <u>J.M. Miller, M.D.</u> by <u>E.C. Kepler, M.D.</u> | (Degree or title) | 23b. ADDRESS <u>State Hospital, Fulton, Mo.</u> | 23c. DATE SIGNED <u>1/27/55</u> |
|---|-------------------|--|------------------------------------|

| | | | |
|--|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/29/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u> | 24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u> |
|--|-----------------------------|---|---|

| | | | |
|--|---|--|----------------------------|
| DATE REC'D BY LOCAL REG. <u>Jan 31 - 1955</u> | REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Hulle</u> | ADDRESS <u>J.C. Mo.</u> |
|--|---|--|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *Sylvester Dulle*
Licensed Embalmer No. *432*
P. O. Address *Jeffersonville*

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.