

FILED MAR 31 1955

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

9989-55

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 82

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and during life) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, ST. FRANCOIS T.S. 4ds</u> | | c. CITY OR TOWN <u>ELVINS</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MINERAL AREA OSTEO. HOSPI</u> | | f. STREET ADDRESS (If rural, give location) <u>504 Fite Street</u> <u>0940</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>SUNDHAUSEN, JR.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 10, 1955</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u> | 8. DATE OF BIRTH <u>MARCH 6, 1955</u> |
| 9. AGE (In years last birthday) <u>0</u> | | if UNDER 1 YEAR Months <u>4</u> Days <u>4</u> | if UNDER 22 HRS. Hours <u>4</u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 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>EDWARD CHARLES SUNDHAUSEN</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>JOANN CLAYWELL</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</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>Edward Sundhausen</u> ADDRESS <u>6 Lorne mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| DUE TO (b) <u>MISCARRIAGE</u> | | <u>4 DAYS</u> | |
| DUE TO (c) <u>EARLY RUPTURE OF THE AMNION (SPONTANEOUS)</u> | | <u>6 DAYS</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 | | 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) | <u>776 X</u> |
| 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? | |
| 22. I hereby certify that I attended the deceased from <u>MARCH 6, 1955</u> , to <u>MARCH 10, 1955</u> , that I last saw the deceased alive on <u>MARCH 10, 1955</u> , and that death occurred at <u>9:25 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>M.M. Beck Jr.</u> (Degree or title) <u>D.O.</u> | | 23b. ADDRESS <u>Leadwood, Mo.</u> | 23c. DATE SIGNED <u>3-16-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>MAR. 11, 1955</u> | 24c. NAME OF CEMETERY OR CREMATOR <u>Herod CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>CANTWELL, MO.</u> |
| DATE REC'D BY LOCAL REG. <u>Mar. 16, 1955</u> | REGISTRAR'S SIGNATURE <u>Ether Gudloff</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u> ADDRESS <u>Flat River mo.</u> | |

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.

not embalmed

Student.....
Signature of Student Embalmer

Signed *R. Caldwell*

Licensed Embalmer No. *253*

P. O. Address *Flat R.W.*

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.