

No. 300

10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20951

State File No. _____

FILED JUN 19 1956

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4245</u>		Registrar's No. <u>89</u>			
VI. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>MISSOURI</u> - b. COUNTY <u>JASPER</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>ORONOGO</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>ORONOGO</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>407 GRANT STREET</u>				e. STREET ADDRESS (If rural, give location) <u>407 GRANT STREET</u> 1490					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLETA MAE</u> b. (Middle) <u>MCKEE</u> c. (Last) <u>SUMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 11 1956</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>APRIL 28, 1935</u>			
9. AGE (In years last birthday) <u>21</u>		IF UNDER 1 YEAR Months <u>14</u> Days <u>14</u>		IF UNDER 24 HRS. Hours <u>14</u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>DEPARTMENT STORE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ORONOGO, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>ELZA MCKEE</u>			13b. MOTHER'S MAIDEN NAME <u>VIRGINIA WISDOM</u>		14. NAME OF HUSBAND OR WIFE <u>HAROLD SUMAN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>ELZA MCKEE</u>		ADDRESS <u>ORONOGO 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Increased Intracranial Pressure</u> DUE TO (c) <u>Disturbance of circulation of cerebrospinal. (Duct constriction)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN DEATH AND DEATH <u>30 Min</u> <u>48 hrs.</u> <u>Unknown</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) <u>357X</u>					
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>6/10</u> , 19 <u>55</u> , to <u>6/11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6/11</u> , 19 <u>56</u> , and that death occurred at <u>9:20 A.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Alba-Mo.</u>		23c. DATE SIGNED <u>6/13/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <u>6-16-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO</u>					

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Jasper County Health Office
County File Number 56-6-491
Date Filed JUN 18 1956

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 Richard Gray Lee
Licensed Embalmer No. 44

P. O. Address Webb

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.