

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File **23325**

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Brown Shandy, Mo. b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) Brown Shandy, Mo.	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN 0301	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 12		e. STREET ADDRESS (If rural, give location) 7 13 56	

3. NAME OF DECEASED (Type or Print)	a. (First) Talea	b. (Middle) Suttman	c. (Last)	f. DATE OF DEATH (Month) (Day) (Year) July 13 1956
-------------------------------------	-------------------------	----------------------------	-----------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marries	8. DATE OF BIRTH Sept. 2, 1885	9. AGE (In years last birthday) Months Days Hours Min. 70 10 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Jans	13b. MOTHER'S MAIDEN NAME Talea Wessels	14. NAME OF HUSBAND/OR WIFE Harm Suttman
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Harm Suttman Brown Shandy, M	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		INTERVAL BETWEEN ONSET AND DEATH 15 MIN
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c)		
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 4201	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George M. Workman M.D.	23b. ADDRESS HERMANN, MO	23c. DATE SIGNED 7-14-56
---	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 16th/56	24c. NAME OF CEMETERY OR CREMATORY Bay Presbyterian	24d. LOCATION (City, town, or county) (State) Bay, Mo.
--	----------------------------------	---	--

DATE REC'D BY LOCAL REG. 7-14-56	REGISTRAR'S SIGNATURE Delma Gerken	25. FUNERAL DIRECTOR'S SIGNATURE Elmer Kuehlig	ADDRESS Hermann, Mo.
--	--	--	--------------------------------

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 *Edmund Kuehlig*.....

Licensed Embalmer No. 2044

P. O. Address Hermann,

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.