No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 - 1956

State File No. 34844

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810 Registrar's No. 2

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1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Loutre
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN: Big Springs
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): One Mile West Big Spring

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Ernest
c. (Last): Suhre

4. DATE OF DEATH (Month) (Day) (Year): Oct. 29 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 20, 1884
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 10, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and State or Foreign Country): Big Springs Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Henry Suhre
13b. MOTHER'S MAIDEN NAME: Bernadine Hollinback
14. NAME OF HUSBAND OR WIFE: Alvina Suhre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 499-40-1050
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Ed. Suhre

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHRONIC MYOCARDIS — ?
DUE TO (c) ARTERIO-SCLEROSIS — ?

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: None 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 2, 19 27, *to* Oct 29, 19 56, *that I last saw the deceased alive on* Oct 26, 19 56, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James O. Helm M.D.
23b. ADDRESS: New Florence Mo.
23c. DATE SIGNED: 10-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 31, 1956
24c. NAME OF CEMETERY OR CREMATORY: Evangelical Cemetery
24d. LOCATION (City, town, or county) (State): Big Spring Mo

DATE REC'D BY LOCAL REG.: Oct. 31, 1956
REGISTRAR'S SIGNATURE: Mrs. Eunice Bush
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: O B Baker America Md

(Licensed Embalmer's Statement on Reverse Side)

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

+32

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed D. B. Baker

Licensed Embalmer No. 3875

P. O. Address Americus, M

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