. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36172

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4664

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BELL CLEANERS 4435 PROSPECT AVE — Length of stay in 1b: 40 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3043 EAST 59TH ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: GLEN Middle: ROBERT Last: SUDDARTH

4. DATE OF DEATH Month: OCT Day: 7 Year: 1957

5. SEX: MALE **6. COLOR OR RACE:** WHITE **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: DEC-31-1899 **9. AGE** (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CO-OWNER **10b. KIND OF BUSINESS OR INDUSTRY:** BELL CLEANERS **11. BIRTHPLACE** (City and state or country): KANSAS CITY, MISSOURI **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME: S. ZACH SUDDARTH **13b. MOTHER'S MAIDEN NAME:** LAURA PRICE **14. NAME OF ~~HUSBAND OR~~ WIFE:** MRS. JESSIE SUDDARTH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR I & II **16. SOCIAL SECURITY NO.:** 494-16-7774 **17. INFORMANT:** MRS. JESSIE SUDDARTH Address: 3043 EAST 59TH ST. KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bullet wound head
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): E970 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☒ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Self inflicted
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 10-7-57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bell Cleaners
20f. CITY, TOWN, OR LOCATION: Kansas City **COUNTY:** Jackson **STATE:** MO

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 11:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh A. Owens Coroner **22b. ADDRESS:** 1034 Ralto Bldg **22c. DATE SIGNED:** 10-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL **23b. DATE:** Oct-9-1957 **23c. NAME OF CEMETERY OR ~~CREMATORY~~:** MT. OLIVET CEMETERY **23d. LOCATION** (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS **ADDRESS:** 1331 BRUSH CREEK KANSAS CITY, MO. **25. DATE RECD. BY LOCAL REG.:** 10-8-57 **26. REGISTRAR'S SIGNATURE:** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Hugh H. Owens

KP 2

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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address K C Mo

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.