Health, & Welfare Public Service

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1-57

FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005016
STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hi-WAY 66 — Length of stay in 1b 6 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CRAWFORD
c. CITY OR TOWN SULLIVAN 0280 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Hi-Lo COURT-Hi-WAY 66 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle ROBERT Last DE SUZA
4. DATE OF DEATH Month FEB Day 21 Year 1958

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH JULY 6, 1901
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months 7 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY LIQUOR
11. BIRTHPLACE (City and state or country) ST. LOUIS Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRANK DE SUZA
13b. MOTHER'S MAIDEN NAME LINNIE STITES
14. NAME OF HUSBAND OR WIFE AISLEE HAYNES

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
16. SOCIAL SECURITY NO. 555-36-7143
17. INFORMANT AISLEE DE SUZA Address SULLIVAN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1½ HR.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiac Disease — 1 YEAR
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from DEC. 19, 1957, to FEB 21-1958 and last saw her/him alive on FEB 21-1958
Death occurred at 3:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert McCrawford M.D.
22b. ADDRESS Sullivan Mo.
22c. DATE SIGNED Feb 21-1958

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE FEB 24, 1958
23c. NAME OF CEMETERY OR CREMATORY LEBANON CEM.
23d. LOCATION (City, town, or county) LEBANON (State) Mo.

24. FUNERAL DIRECTOR H. Weaton ADDRESS Sullivan, Mo.
25. DATE RECD. BY LOCAL REG. FEB 27, 1958
26. REGISTRAR'S SIGNATURE Thomas A. Humphrey

(Licensed Embalmer's Statement on Reverse Side)

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.

VS MAY 7 1959

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 HARRISON W. EATON, Student Embalmer No. 555 working under my personal supervision.

Student Harrison W. Eaton
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.