URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 23 1960

60-012287
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY ST FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON -RURAL
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MINERAL AREA OSTEOPATHIC
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY WAYNE
c. CITY OR TOWN GREENVILLE
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EFFIE MAE Middle SUSCHANKE Last
4. DATE OF DEATH Month Mar Day 3 Year 1960

5. SEX female
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec. 23, 1888
9. AGE (last birthday) 71
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

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 country) Libertyville, Missouri
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Alfred Henry King
13b. MOTHER'S MAIDEN NAME Isabell Gordon
14. NAME OF HUSBAND OR WIFE William Suschanke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Alfred Weatherington, Mine LaMo Address Motte

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Auricular Fibillation — 2 wks
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Surgery for Fracture Lt. Humerus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.) Auto Accident

20c. TIME OF INJURY Hour 2:00 ~~a.m.~~ p.m. Month, Day, Year 2/24/60

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.) Hi way 67
20f. CITY, TOWN, OR LOCATION Greenville, COUNTY STATE Mo

21. I attended the deceased from 2/24/60, to 3/13/60 and last saw her/him alive on 3/13/60
Death occurred at 2:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Paul J. Cozean DO (Degree or title)
22b. ADDRESS Farmington Mo
22c. DATE SIGNED 3/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 16 1960
23c. NAME OF CEMETERY OR CREMATORY Libertyville
23d. LOCATION (City, town, or county) (State) Near Farmington Mo

24. FUNERAL DIRECTOR ADDRESS COZEAN FUNERAL HOME, FARMINGTON, MO
25. DATE REC'D BY LOCAL REG. Mar. 15, 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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