URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

-60-038925
STATE FILE NUMBER

MENDED

Registration District No. 179 Primary Registration District No. 5672 Registrar's No. 144

1. PLACE OF DEATH
a. COUNTY LINCOLN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FOLEY (BURR OAK TOWNSHIP) Length of stay in 1b life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY LINCOLN
c. CITY OR TOWN FOLEY Inside Limits Yes ☐ No ☒
d. STREET ADDRESS RFD - 2 miles west (If outside, give location) Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First SUSIE Middle LUCINDA Last SUDDARTH
4. DATE OF DEATH Month Nov. Day 7 Year 1960
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 5/25/68
9. AGE (last birthday) 92
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) LINCOLN COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Wm MORATY
13b. MOTHER'S MAIDEN NAME SIS RACKER
14. NAME OF HUSBAND OR WIFE THOS. C. SUDDARTH
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. NONE
17. INFORMANT Dick SUDDARTH Address FOLEY 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) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH 2 MO.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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.)
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 _____ to 11-7-60 and last saw her alive on 11-6-60
Death occurred at 8:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD
22b. ADDRESS Elsberry, Mo
22c. DATE SIGNED 11/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE NOV. 9, 1960
23c. NAME OF CEMETERY ~~OR CREMATORY~~ CORINTH
23d. LOCATION (City, town, or county) (State) FOLEY, MO.

24. FUNERAL DIRECTOR O'Garlan C. Ricks ADDRESS Elsberry, Mo.
25. DATE RECD. BY LOCAL REG. 11-8-1960
26. REGISTRAR'S SIGNATURE Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Elsberry, Mo

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