

FILED MAY 25 1949

STANDARD CERTIFICATE OF DEATH

State File No. 16745

BIRTH NO. 310186-49 REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4369 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Newton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton		
b. CITY (If outside corporate limits, write RURAL and give township) Seneca		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Seneca		73
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 73 4 3		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Phyllis	b. (Middle) Jean	c. (Last) Sooter	May	15	1949

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never mar. ()	8. DATE OF BIRTH May 15, 1949	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME G. Ollie Sooter		13b. MOTHER'S MAIDEN NAME Elsie Corn		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS G.O. Sooter Seneca, Mo.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital malformation of heart					2 hrs. 30 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)				
	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					7544

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 15, 1949**, to **May 15, 1949**, that I last saw the deceased alive on **May 15, 1949**, and that death occurred at **11:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. B. Roberts, M.D.		23b. ADDRESS P.O. Box 294 Seneca, Mo.	23c. DATE SIGNED 5/16/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 16, 1949	24c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery	24d. LOCATION (City, town, or county) (State) Seneca, Missouri
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DATE REC'D BY LOCAL REG. May 16, 1949	REGISTRAR'S SIGNATURE Phyllis Brite	FUNERAL DIRECTOR'S SIGNATURE W. E. Beddlesome	ADDRESS Seneca Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED
District Health Officer No. *Newton Ct. Staff*
~~5-23-49~~
District File Number *545-91*
Filed *5-23-49*

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
Student Embalmer

Signed *W E Biddlecome*

Licensed Embalmer No. *2174*

P. O. Address *Seneca 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 this body is not embalmed, fact should be so stated above.