

24045

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 1 1949

No. 300

10.48

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 9a

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>city</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Belva</u> b. (Middle) <u>Lockwood</u> c. (Last) <u>Sugg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept 11, 1884</u>
9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>James E. Worth</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA Frizzell</u>	14. NAME OF HUSBAND OR WIFE <u>James L. Sugg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. L. Sugg</u> ADDRESS <u>Bogard Mo.</u>	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon.</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>153X</u>
	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.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June - 1949</u> , to <u>July - 3, 1949</u> , that I last saw the deceased alive on <u>July - 3, 1949</u> , and that death occurred at <u>Boon Mo.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. M. Grace M.D.</u>		23b. ADDRESS <u>Chillicothe</u>	23c. DATE SIGNED <u>July-5-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 5, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edenizer</u>	24d. LOCATION (City, town, or county) (State) <u>Bogard, Mo.</u>
DATE REC'D BY LOCAL REG. <u>July-5-49</u>	REGISTRAR'S SIGNATURE <u>Frances B. Nalley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. A. Dickerson Bogard Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



**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.

Signed E. A. Dickerson.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2534.....

P. O. Address Boyard, 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.