

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39973  
State File No. \_\_\_\_\_  
Registrar's No. 32

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6195

107  
0  
0

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

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If continuation: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Quail-Boone</u>	c. LENGTH OF STAY (in this place) <u>40 yrs</u>	c. CITY OR TOWN <u>Quail-Boone</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>1711 S W of Webster</u>	

3. NAME OF DECEASED (Type or Print) <u>John David Sudheimer</u>			4. DATE OF DEATH <u>Nov 17, 1949</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 12, 1873</u>	9. AGE (In years last birthday) <u>76-5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Marion Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Fritz Sudheimer</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Coulstone</u>		14. NAME OF HUSBAND OR WIFE <u>Opella Sudheimer</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Sudheimer</u> ADDRESS <u>Palace Mo</u>		
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH
	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"/>
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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) m.	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 June, 1940 to Nov, 1949, that I last saw the deceased alive on 11-14, 1949, and that death occurred at 12 m.; from the causes and on the date stated above.

23a. SIGNATURE <u>M. L. Reed, M.D.</u> (Degree or title)	23b. ADDRESS <u>Lee King Mo.</u>	23c. DATE SIGNED <u>Nov 19, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Palace</u>	24d. LOCATION (City, town, or county) (State) <u>Lee King Co. Calad. Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 3, 1949</u>	REGISTRAR'S SIGNATURE <u>Elmore Hesse</u>	324	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith</u> ADDRESS <u>Lee King Mo.</u>
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Received  
by  
J. J. [unclear]  
12-6-7  
11:00

**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 Ernest August

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3945

P. O. Address Leicester, 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.