No. 300
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FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5723

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LOUISIANA
c. LENGTH OF STAY (in this place): 20 HOURS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MINERAL SPRING HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: LINCOLN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELSBERRY 0570
d. STREET ADDRESS (If rural, give location): 209 SEVENTH ST.

3. NAME OF DECEASED (Type or Print)
a. (First): EUNICE
b. (Middle): CAROLINE
c. (Last): SUDDARTH

4. DATE OF DEATH (Month) (Day) (Year): FEB 25, 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUG. 15, 1864
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 6, Days 10 — IF UNDER 1 HRS.: 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 (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: SHELTON PALMER
13b. MOTHER'S MAIDEN NAME: MARY H. STEPHENS
14. NAME OF HUSBAND OR WIFE: WILLIAM MARTIN SUDDARTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: ARCH SUDDARTH, ELSBERRY, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture femur & — 24 hrs
DUE TO (c): radius — 9030

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 20

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 057
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Residence
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Elsberry Lincoln Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: by a Fall

22. *I hereby certify that I attended the deceased from* FEB 24, 1950, *to* FEB 25, 1950, *that I last saw the deceased alive on* FEB 25, 1950, *and that death occurred at* 3:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] D.O.
23b. ADDRESS: LOUISIANA, MO.
23c. DATE SIGNED: FEB 27, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-27-1950
24c. NAME OF CEMETERY OR CREMATORY: Star Hope Cemetery
24d. LOCATION (City, town, or county) (State): Lincoln Mo

DATE REC'D BY LOCAL REG.: Feb 27, 1950
REGISTRAR'S SIGNATURE: Bernice Collier 374
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Clifton Miller Elsberry

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 1 0 1950
District Health Officer No.
District File Number 3-50-4
Date Filed MAR 1 0 1950

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~~ 2/25/50

..... Student Embalmer No. .....

working under my personal supervision.

Signed Clifton Miller

Signed.....
Student Embalmer

Licensed Embalmer No. 3364

P. O. Address Elsberry, 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.