

FILED APR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 8012

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5252 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <i>Chariton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <i>Missouri</i> b. COUNTY <i>Chariton</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Missouri</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Missouri</i>	
c. LENGTH OF STAY (in this place) <i>6 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>6 mi northwest Glasgow</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>6 mi northwest Glasgow</i>		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Josephine</i> b. (Middle) <i>Frances</i> c. (Last) <i>Suttner</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 3, 1950</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 8, 1878</i>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. IND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Bernard Himmelberg</i>	13b. MOTHER'S MAIDEN NAME <i>Wilhemine Haakamp</i>	14. NAME OF HUSBAND OR WIFE <i>Martin Suttner</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mr. Frank Suttner Glasgow Mo.</i>	
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) <i>Cerebral Vascular Accident</i>		<i>8 hrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>Generalized arteriosclerosis</i>		<i>5 yrs</i> <i>10 yrs</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>33ix</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <i>10-6-49</i> , 19___ to <i>3-3-50</i> , 19___, that I last saw the deceased alive on <i>3-3-50</i> , 19___, and that death occurred at <i>5:25 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Sam G. Rand M.D.</i>		23b. ADDRESS <i>Forest Green, Mo</i>	23c. DATE SIGNED <i>3-6-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Mar. 6, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Mary's</i>	24d. LOCATION (City, town, or county) (State) <i>Abolt Mo.</i>
DATE REC'D BY LOCAL REG. <i>Mar 14, 1950</i>	REGISTRAR'S SIGNATURE <i>Mildred Brown</i>	GENERAL DIRECTOR'S SIGNATURE ADDRESS <i>566 Audsley - Fremont Glasgow Mo</i>	

02101

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

District Health Officer No. 8

District File Number \_\_\_\_\_

Date Filed 4-14-50

**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 \_\_\_\_\_

*E. W. Luemuth*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.