

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUN 8 1950 STANDARD CERTIFICATE OF DEATH

State File No. 17389

580  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5690 Registrar's No. 296

1. PLACE OF DEATH  
a. COUNTY Linn  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Catherine  
c. LENGTH OF STAY (In this place) 2 mos.  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) No St. Address

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY Macon  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon 0580  
d. STREET ADDRESS (If rural, give location) 0 Coates St. Road

3. NAME OF DECEASED  
a. (First) Bertha b. (Middle) Suhr c. (Last) Suhr

4. DATE OF DEATH (Month) (Day) (Year)  
May 11, 1950

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 14, 1878

9. AGE (In years last birthday) 71  
IF UNDER 1 YEAR Months Days IF UNDER 24 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 xxx

11. BIRTHPLACE (State or foreign country) Ky.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Floyd Tiller

13b. MOTHER'S MAIDEN NAME Missouri C. Musser

14. NAME OF HUSBAND OR WIFE Chris Suhr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO xxx

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Howard Suhr Macon, 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) Vascular Heart Disease, mitral Regurgitation  
INTERVAL BETWEEN ONSET AND DEATH 2 yrs  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Grave Atherosclerosis 5 yrs.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. HIX

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from March 14, 1950, to May 10, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Roy R. Haley, M.D.

23b. ADDRESS Bronfield Mo

23c. DATE SIGNED May 12, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/13/50

24c. NAME OF CEMETERY OR CREMATORY Woodlawn

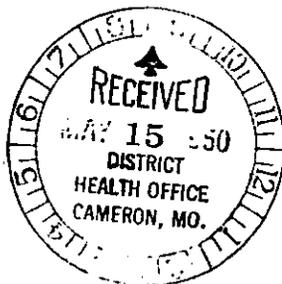
24d. LOCATION (City, town, or county) (State) Macon Mo.

DATE REC'D BY LOCAL REG. 5-13-50

REGISTRAR'S SIGNATURE W. B. Erwin 167

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm Skuman Macon Mo.

WRITE PLAINLY—USING UNFADEING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Albert Skinner

Signed.....  
Student Embalmer

Licensed Embalmer No. 75-1

P. O. Address Cameron 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.