

FILED JUL 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22952

0142

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

BIRTH NO. _____		REG. DIST. NO. 47	PRIMARY REG. DIST. NO. 3008	Registrar's No. 237
1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. LENGTH OF STAY (in this place) 3 1/2 Days		c. CITY (If outside corporate limits, write RURAL and give township) Fulton
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Co. Hospital			d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Otha		b. (Middle) B.	c. (Last) Suggett	
4. DATE OF DEATH (Month) (Day) (Year) July 16 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 4, 1870	9. AGE (In years last birthday) 79 if UNDER 1 YEAR: Months 7 Days 12 if UNDER 4 HRS. Hours 12 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Hospital Attendant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Callaway Co, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S. A				
13a. FATHER'S NAME Benjamin Suggett		13b. MOTHER'S MAIDEN NAME Jennie Herring		14. NAME OF HUSBAND OR WIFE Harriet Bell Suggett
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 Mrs. M. L. Schmidt Fulton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. chronic Myocarditis Acute Nephritis 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. 4221		INTERVAL BETWEEN ONSET AND 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)		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 Sept 26, 1949 , to July 16, 1950 , that I last saw the deceased alive on July 16, 1950 , and that death occurred at 11:50 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE OF REGISTRAR M. Lawrence M.D.		23b. ADDRESS Fulton Mo		23c. DATE SIGNED 7/17/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July-17-1950	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton, Missouri
DATE REC'D BY LOCAL REG. July-17-1950		REGISTRAR'S SIGNATURE Maretha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home, Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Wenzel C. Browning

Licensed Embalmer No. 2724

P. O. Address Fuller, MD

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.