

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27748**

FILED SEP 8 - 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **5879** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Chamois</b>	c. LENGTH OF STAY (In this place) <b>4 yr</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Chamois, Rural Benton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chamois City</b>		d. STREET ADDRESS (If rural, give location) <b>3 mi west of Chamois Mo</b>	

3. NAME OF DECEASED (Type or Print) <b>FRED</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 28 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>3 Oct 1885</b>	9. AGE (In years last birthday) Months Days <b>65</b>	10 UNDER 1 YEAR Months Days	11 OVER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>CARPENTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (State or foreign country) <b>KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>SAM SUESS</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Messurely</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edward SUESS</b>	ADDRESS <b>Chamois</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic bronchial Pneumonia</b>		<b>2 yrs.</b>
	DUE TO (b) <b>Congestive heart enlargement</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Embolic of liver + arteria</b>		<b>10-15 yrs.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>5810</b>
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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?
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22. I hereby certify that I attended the deceased from **July 8, 1950**, to **8-27, 1951**, that I last saw the deceased alive on **8-27, 1951**, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>J. B. Farnsworth, D.O.</b>	23b. ADDRESS <b>Chamois Mo.</b>	23c. DATE SIGNED <b>8-29-51.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>30 Aug 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DEER CREEK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>Chamois, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>8-28-51</b>	REGISTRAR'S SIGNATURE <b>Anna Moran</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley E. Meyer</b>	ADDRESS <b>Chamois Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

760  
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File No. 200-  
DISTRICT HEALTH OFFICE No. 4

SEP 5 - 1951

RECEIVED

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 Stanley E. Meyer

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

Licensed Embalmer No. 4639

P. O. Address Chenais, 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.