

FILED JUN 19 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21313**

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

BIRTH NO.		REG. DIST. NO. 245	PRIMARY REG. DIST. NO. 3047	Registrar's No. 64
1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. CITY (If outside corporate limits: write RURAL and give township) OR TOWN Neosho		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sale Memorial Hospital		d. STREET ADDRESS (If rural, give location) 521 Park St.		
3. NAME OF DECEASED (Type or Print), a. (First) Lee		b. (Middle) Suess		c. (Last) Suess
4. DATE OF DEATH (Month) (Day) (Year) June 1, 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 31, 1924	9. AGE (In years last birthday) 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waitress		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME C.W. Manning		13b. MOTHER'S MAIDEN NAME Ettress Smith		14. NAME OF HUSBAND OR WIFE Harry R. Suess Suess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-05-3834		17. INFORMANT'S SIGNATURE OR NAME Mr. Harry R. Suess ADDRESS Neosho, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal injuries due to car accident.		INTERVAL BETWEEN ONSET AND DEATH 12 hours		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) By 71 N. of Neosho		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Neosho, Missouri, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 31 1952 10:30 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car turned over.
22. I hereby certify that I attended the deceased from 10:30 p.m. on May 31, 1952 , to June 1, 1952 , that I last saw the deceased alive on June 1, 1952 , and that death occurred at 10:30 am , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) F. H. Whitehead		23b. ADDRESS Neosho, Missouri		23c. DATE SIGNED June 3, 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-4-52		24c. NAME OF CEMETERY OR CREMATORY Green Lawn
24d. LOCATION (City, town, or county) (State) Springfield, Mo.				
DATE REC'D BY LOCAL REG. 6-3-52		REGISTRAR'S SIGNATURE Melvin C. Bourman M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Leahy Thomas ADDRESS Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 652-107

Date Filed 6/12/52

NEOSHO, MISSOURI

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 Lesley Thompson

Licensed Embalmer No. 48610

P. O. Address Neosho, 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.