No. 300
10-48

FILED SEP 15 1952

STANDARD CERTIFICATE OF DEATH

State File No. 28679

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 211

582
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1. PLACE OF DEATH a. COUNTY Linn	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookfield c. LENGTH OF STAY (in this place) 7 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookfield 0582
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 803 Snow Street	d. STREET ADDRESS (If rural, give location) 803 Snow Street

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) SUSIE EVELYN THUDIUM			4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1952
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH June 29, 1876
9. AGE (In years last birthday) 76	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 Own home	11. BIRTHPLACE (State or foreign country) Linn County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S
13a. FATHER'S NAME William Mellon	13b. MOTHER'S MAIDEN NAME Mary Spradling	14. NAME OF HUSBAND OR WIFE Charley Thudium	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Vida Wampler, Brookfield, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary infarction	10 min
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic myocarditis	6 yrs
DUE TO (c)	Chronic Int Nephritis & hypertension	8 "
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Fractured hip	4 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592 X F	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) m.	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* 1-1, 1944, *to* 9-10, 1952, *that I last saw the deceased alive on* 9-10, 1952, *and that death occurred at* 2:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE C C Enoch (Degree or title) 100	23b. ADDRESS Brookfield Mo	23c. DATE SIGNED 9-17-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Brookfield, Mo.		
DATE REC'D BY LOCAL REG. 9-12-52	REGISTRAR'S SIGNATURE Nadine Stambach, Dep. 167-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.