S. No. 300
V. 10.48

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

FILED OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30751

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 225 South Jenkins

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
d. STREET ADDRESS (If rural, give location): 712 Bluff Street

0143

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): JOHN
c. (Last): SUHRE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 28, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-26-1888
9. AGE (In years last birthday): 64 — If under 1 year: Months 1, Days 2 — If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Work
10b. KIND OF BUSINESS OR INDUSTRY: Mo. School of Deaf
11. BIRTHPLACE (State or foreign country): Montgomery County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: August Suhre
13b. MOTHER'S MAIDEN NAME: Emma Kneubuhler
14. NAME OF HUSBAND OR WIFE: Iona Owen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 499-01-2327
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Dr. Robert W. Gibson, Centralia, 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) Heart attack — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina pectoris — unknown
DUE TO (c) Coronary artery disease — unknown

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: —

4201

20. AUTOPSY? YES [ ] NO [X]

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* Sept 28, 1952 *to* Sept. 28, 1952, *that I last saw the deceased alive on* Sept. 28, 1952, *and that death occurred at* 1:10p m., *from the causes and on the date stated above.*

23a. SIGNATURE L. Lachance (Degree or title) M. D.
23b. ADDRESS: 110 Sneed St., Centralia, Mo
23c. DATE SIGNED: 09/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-30-52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Fulton, Missouri

DATE REC'D BY LOCAL REG.: Sept 29 - 1952
REGISTRAR'S SIGNATURE: Maud McBride
25. FUNERAL DIRECTOR'S SIGNATURE: Bill Meador
ADDRESS: Centralia Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 7 1955

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 Bill J. Meeks

Signed _____
Student Embalmer

Licensed Embalmer No. 4876

P. O. Address Centralia, Missou

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.