

# STANDARD CERTIFICATE OF DEATH

State File No. **2114**

FILED FEB 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4293** Registrar's No. **5**

0570  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>LINCOLN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ELSberry</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ELSberry</b> <b>0570</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS <b>5th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>KATIEGANE Rest Home</b>			

3. NAME OF DECEASED a. (First) <b>Charles</b> b. (Middle) <b>Robert</b> c. (Last) <b>Suddarth</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 23-1953</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>Widowed 2</b>	8. DATE OF BIRTH <b>12-12-1862</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Robert J. Suddarth</b>	13b. MOTHER'S MAIDEN NAME <b>Louyissa Mayes</b>	14. NAME OF HUSBAND OR WIFE
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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>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Robert James Elsberry</b>	ADDRESS <b>Elsberry, Mo</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND 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 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)
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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 **10-20, 1952** to **1-23, 1953**, that I last saw the deceased alive on **1-23, 1953**, and that death occurred at **3:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert M. Full</b> (Degree or title)	23b. ADDRESS <b>Elsberry, Mo.</b>	23c. DATE SIGNED <b>1-24-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-25-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>STAR HOPE Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>LINCOLN Mo</b>
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DATE REC'D BY LOCAL REG. <b>Feb 12, 1953</b>	REGISTRAR'S SIGNATURE <b>Tina Clarence Kientz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clifton Sneller</b>	ADDRESS <b>Elsberry, Mo</b>
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**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 \_\_\_\_\_

*W. H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *Esberry, Ma*

**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.