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FILED APR 27 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15070

State File No.

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 27

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MORGAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VERSAILLES, MO
d. STREET ADDRESS (If rural, give location): 0710 8

3. NAME OF DECEASED (Type or Print)
a. (First): STEVEN
b. (Middle): LEE
c. (Last): SUGGS

4. DATE OF DEATH (Month) (Day) (Year): Apr 20 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MARCH 5-1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 15; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): VERSAILLES MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WM SUGGS
13b. MOTHER'S MAIDEN NAME: Darlene Bogle
14. NAME OF HUSBAND OR WIFE: ~~Wm Suggs~~ none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: William Suggs - Versailles Mo
ADDRESS

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): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

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.: Malnutrition

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 491.x
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* Birth, 1953, *to* April 20, 1953, *that I last saw the deceased alive on* April 20 1953, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Gunn MD
23b. ADDRESS: Versailles, Mo
23c. DATE SIGNED: 4-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 23-53
24c. NAME OF CEMETERY OR CREMATORY: Versailles City
24d. LOCATION (City, town, or county) (State): Versailles, Mo

DATE REC'D BY LOCAL REG.: Apr 24-1953
REGISTRAR'S SIGNATURE: J. L. Washburn, M.D. 214-0 per Sera O. Kidwell Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: W. F. Kidwell - Versailles Mo
ADDRESS

(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 Not embalmed by me, or by anyone, Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed Gene R. Bartram

Licensed Embalmer No. 4021

P. O. Address Versailles 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.