

FILED APR 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11458**

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>169</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Carrollton, Mo.</u>)		c. LENGTH OF STAY (in this place) <u>8 hours</u>		c. CITY OR TOWN <u>Carrollton, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>201 West First</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>		b. (Middle) <u>Jacob</u>		c. (Last) <u>Sugg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1954</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 31, 1880</u>	
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>8</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>R.R. Bogard, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>R.R. Bogard, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David C. Sugg</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Lulu N. Sugg</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lula N. Sugg Carrollton, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>Carrollton, Missouri</u>		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? _____					
22. I hereby certify that I attended the deceased from <u>April 10, 1954</u> , to <u>April 10, 1954</u> , that I last saw the deceased alive on <u>April 10, 1954</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Platy</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Carrollton, Missouri</u>		23c. DATE SIGNED <u>4-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/13/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4/18/54</u>		REGISTRAR'S SIGNATURE <u>Marjorie Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Funeral Home</u>		ADDRESS <u>Carrollton</u>	

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.....
Signature of Student Embalmer

Signed.....
R. M. Marshall Jr.

Licensed Embalmer No. *446*

P. O. Address *Carroll Co.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.