

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15126**

FILED MAY 18 1954

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 399 PRIMARY REG. DIST. NO. 5173 Registrar's No. 9

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summit Twp</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles east of Cedar City, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles east of Cedar City, MO</u>	

3. NAME OF DECEASED (Type or Print) <u>Sarah Ann Sundermeyer</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 27, 1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR <u>9</u> Months	IF UNDER 1 MRS. <u>13</u> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jese Francis Tillery</u>	13b. MOTHER'S MAIDEN NAME <u>Harriett Newell Marshall</u>	14. NAME OF HUSBAND OR WIFE <u>August Sundermeyer</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>August Sundermeyer</u>	ADDRESS <u>Jefferson</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>Holt Summit, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>12 days</u> <u>9 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage.</u> DUE TO (c) <u>Prescribed hypotension</u>		
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: <u>337X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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 4/20/54, to 5/12, 1954, that I last saw the deceased alive on 4/24/54, 1954, and that death occurred at 11:25a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward Carter M.D.</u> (Degree or title)	23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>5/12/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 14, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hart Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 14 - 54</u>	REGISTRAR'S SIGNATURE <u>LeRoy Cloyd</u>	25. OWNER OF CEMETERY'S SIGNATURE <u>Victor Breacher</u>	ADDRESS <u>Jefferson City, Mo.</u>
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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 Victor Breacher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.