

No. 300
10. 48

FILED JUN 3 1955

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14921**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4099** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) Pleasant Hill	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Pleasant Hill	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 401 N. Boardman		e. STREET ADDRESS (If rural, give location) 401 N. Boardman	

3. NAME OF DECEASED (Type or Print) a. (First) Fred	b. (Middle) _____	c. (Last) Sulser	4. DATE OF DEATH (Month) (Day) (Year) May 19, 1955
---	-------------------	-------------------------	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 1, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Mins. _____
-----------------	---------------------------	--	---	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Section on R.R.	11. BIRTHPLACE (City and State or Foreign Country) Pleasant Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	---

13a. FATHER'S NAME John Sulser	13b. MOTHER'S MAIDEN NAME Malinda Jane (unknown)	14. NAME OF HUSBAND OR WIFE Minnie Scheuerle Sulser
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 708-14-6616	17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Sulser	ADDRESS Pleasant Hill, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-renal disease DUE TO (c) Atherosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia		442X	

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)
--	---	---

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 **May 19, 1955**, to **May 19, 1955** that I last saw the deceased alive on **May 19, 1955** and that death occurred at **8:30** m., from the causes and on the date stated above.

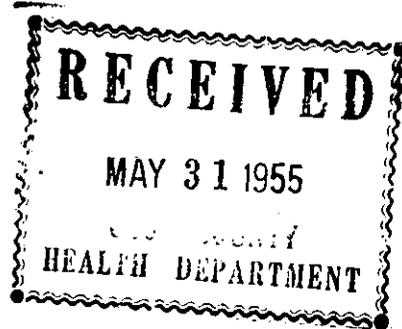
23a. SIGNATURE H. E. Zisch	(Degree of title)	23b. ADDRESS Harrisonville	23c. DATE SIGNED May 20, 1955
--------------------------------------	-------------------	--------------------------------------	---

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 21, 1955	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem	24d. LOCATION (City, town, or county) (State) Pleasant Hill, Missouri
--	----------------------------------	--	---

DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE May 24, 1955	Dora Barman	457-01	25. FUNERAL DIRECTOR'S SIGNATURE Raymond Stanley	ADDRESS Pleasant Hill, Mo.
---	--------------------	--------	--	--------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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



JAN 1 0 1961

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 *Allen Brownfield*

Licensed Embalmer No. *378*

P. O. Address *Pleasant*

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.