

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4014**

BIRTH NO. _____ REG. DIST. NO. **389** PRIMARY REG. DIST. NO. **5159** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Cote Sans Dessin) c. LENGTH OF STAY (In this place) 5 Days		c. CITY OR TOWN Fulton d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Tebbetts		e. STREET ADDRESS (If rural, give location) R.F.D.# 3	

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Lee c. (Last) Suggett			4. DATE OF DEATH (Month) (Day) (Year) March 7 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb-5-1863		9. AGE (In years last birthday) 93		10. UNDER 1 YEAR: Months 1 Days 2 11. UNDER 1 HR. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) S, of Fulton, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Samuel Rice		13b. MOTHER'S MAIDEN NAME Susan Thomas	
13c. NAME OF HUSBAND OR WIFE Charles Edward Suggett		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		15. SOCIAL SECURITY NO. None	
16. INFORMANT'S SIGNATURE OR NAME Stone Suggett		17. ADDRESS R#3 Fulton, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exhaustion from Convulsions		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES		DUE TO (b) Urinary Sepsis			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Hypertension of circulatory system			
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"/>	
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 <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 **10:30 9/7, 1956**, to **4:44 3/7, 1956**, that I last saw the deceased alive on **3/7, 1956**, and that death occurred at **4:44** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS R#3 Fulton		23c. DATE SIGNED 3/8/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar-9-1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	
24d. LOCATION (City, town, or county) (State) S. Fulton Mo		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Fulton, Mo.	

DATE REC'D BY LOCAL REG. 3-9-56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
ADDRESS Fulton, Mo.		ADDRESS Fulton, Mo.		ADDRESS Fulton, Mo.	

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 Hector R Masumé....., Student Embalmer No. 51..... working under my personal supervision..

Student H. Masumé.....
Signature of Student Embalmer

Signed Denzil C. Browning.....

Licensed Embalmer No. 27.....

P. O. Address Freshwater.....

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.