

No. 300
19-48

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15798

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5219 Registrar's No. 66

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

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTTE</u>	
b. CITY OR TOWN <u>RURAL CAMP BRANCH</u>	c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>1719 N 2ND</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>Highway 35 - 2 miles west of GARDEN P. T.Y.</u>		e. STREET ADDRESS (If rural, give location) <u>KANSAS C.T.Y.</u> <u>8150</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>L.</u> b. (Middle) <u>B.</u> c. (Last) <u>Suber</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 14, 1909</u>	9. AGE (In years last birthday) <u>47</u>	10 UNDER 1 YEAR Months	11 UNDER 1 YEAR Days	12 UNDER 1 YEAR Hours	13 UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monticello, ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Berry Suber</u>	13b. MOTHER'S MAIDEN NAME <u>(Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Suber</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>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Suber</u>	18. ADDRESS <u>2074 N 5TH K.C. KANSAS</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN TRAUMA</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SKULL FRACTURE</u> DUE TO (c) <u>CAR ACCIDENT</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) OF (COUNTY) (STATE) <u>CAMP BRANCH CASS MISSOURI</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 11 56 10 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>CAR ACCIDENT</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bessie Janda (Crown) 3</u>	23b. ADDRESS <u>Phelps Hill Mo</u>	23c. DATE SIGNED <u>5/11/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>MAY 12, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Monticello Ark</u>
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DATE REC'D BY LOCAL REG. <u>May 12, 1956</u>	REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Anderson Bros. - Hannibal, Mo.</u>	ADDRESS
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RECEIVED
MAY 21 1956
COUNTY HEALTH DEPARTMENT

MAY 25 1956
JUN 15 1956

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..... *Robert Atkinson*

Licensed Embalmer No. 4907

P. O. Address *Harrisonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.