

FILED JUL 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21390**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **122**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti		c. CITY OR TOWN Swift	
c. LENGTH OF STAY (in this place) 8 Days		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 Pemiscot County Mem. Hsp		f. STREET ADDRESS (If rural, give location) Netherland, Missouri 0180	

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) Louis	c. (Last) Suddarth	4. DATE OF DEATH (Month) (Day) (Year) June 18, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 7, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mts. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Dexter, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Suddarth	13b. MOTHER'S MAIDEN NAME Hettie Wilkerson	14. NAME OF HUSBAND OR WIFE X
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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) No X	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Henry Suddarth-Netherland	ADDRESS Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic interstitial Myocarditis c		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) Cardiac failure DUE TO (c) Hemorrhagic emboli		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hayti Pemiscot Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? no
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22. I hereby certify that I attended the deceased from **6-10-1956** to **6-18-1956**, that I last saw the deceased alive on **6-18-1956**, and that death occurred at **8:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. W. Cook M.D.	23b. ADDRESS Caruthersville Mo.	23c. DATE SIGNED 6-23-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 20, 1956	24c. NAME OF CEMETERY OR CREMATORY Little Prairie Cem.	24d. LOCATION (City, town, or county) (State) Caruthersville, Missouri
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DATE REC'D BY LOCAL REG. 6-26-56	REGISTRAR'S SIGNATURE John H. German	25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith	ADDRESS Funeral Home C'ville. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-162-56

JUL 11 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *W. Denver Pike*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville Missouri*

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.