

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

22971

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>CALDWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALDWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BRECKENRIDGE</u>		c. LENGTH OF STAY (in this place) <u>10 YRS.</u>	c. CITY OR TOWN <u>BRECKENRIDGE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY LIMITS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>0130</u>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>JOHN HENRY SOUDERS</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>6/26/1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1/26/1888</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER & LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CALDWELL CO., MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN SOUDERS SR.</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>LURA S. SOUDERS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LURA SOUDERS BRECKENRIDGE, MO.</u>	ADDRESS <u>BRECKENRIDGE, MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Asteric Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		15 min	
		2-3 year	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 nov 25 1955, to 6-26, 1956, that I last saw the deceased alive on 6-26-1956, 1956, and that death occurred at 11AM m., from the causes and on the date stated above.

23a. SIGNATURE <u>Maek K. Penning</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Breckenridge Mo</u>	23c. DATE SIGNED <u>6-27-56</u>
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24a. BURIAL / CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/29/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BRECKENRIDGE, MO.</u>
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DATE REC'D BY LOCAL REP. <u>7-25-1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruth Ann Zogg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel Michael Brayner, Inc.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 _____
Licensed Embalmer No. 4374

P. O. Address Raymour

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.