

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 106

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City MINERAL TWP

c. LENGTH OF STAY (In this place) 4 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jasper County T. B. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Iron

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Des Arc

d. STREET ADDRESS (If rural, give location) 2470

3. NAME OF DECEASED (Type or Print)

a. (First) Ira b. (Middle) \_\_\_\_\_ c. (Last) Suseberry

4. DATE OF DEATH (Month) (Day) (Year) July 9 - 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Mar. 20, 1882 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 4 Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Madison County, Missouri 12. CITIZEN OF WHAT COUNTRY A.

13a. FATHER'S NAME Frank Suseberry 13b. MOTHER'S MAIDEN NAME Mildred Firebaugh 14. NAME OF HUSBAND OR WIFE None (single)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME George H. Hobler ADDRESS Webb City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: \_\_\_\_\_ DUE TO (b) \_\_\_\_\_

\_\_\_\_\_ DUE TO (c) \_\_\_\_\_

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  NO  002X

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from July 1, 1955, to July 9, 1956, that I last saw the deceased alive on July 9, 1956, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George H. Hobler, M.D. 23b. ADDRESS Jasper Co. T. B. Hosp. 23c. DATE SIGNED July 10, 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/11/56 24c. NAME OF CEMETERY OR CREMATORY Euclab Beulah 24d. LOCATION (City, town, or county) (State) Madison, Mo.

DATE REC'D BY LOCAL REG. 7-16-55 REGISTRAR'S SIGNATURE Ms. Madeline Switzer 25. FUNERAL DIRECTOR'S SIGNATURE William Coder ADDRESS Piedmont, Mo.

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

No. 300  
10-48

RECEIVED

Wagner County Health Office

County File Number 56-7-585

Date Filed

JUL 23 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 .....  
Student Embalmer

Signed

*Jack C. Simpson*

Licensed Embalmer No. 4647

P. O. Address

*Webb City, Mo*

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 this body is not embalmed, fact should be so stated above.