

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022883
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Crocker, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp.		Length of stay in lb 3 days.	d. STREET ADDRESS (If outside, give location) Frual Rt. Star.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Lennie Leota DeSuza.	4. DATE OF DEATH Month Day Year May 21, 1958
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5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 12, 1878	9. AGE (In years last birthday) 80	FUNDED YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.	10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (City and state or country) Hooker, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Rueben Stites	13b. MOTHER'S MAIDEN NAME Mary Ellen Hibler.	14. NAME OF HUSBAND OR WIFE Frank DeSuza.
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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	16. SOCIAL SECURITY NO. None.	17. INFORMANT Mrs. Reubon Bartlett Crocker, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 Hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	
DUE TO (c) <i>4201F</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fractured Hip 72 Hours previous</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at <i>May 17 1958</i> to <i>May 21 1958</i> <i>5:30 P</i> on the day stated above; and to the best of my knowledge, from the causes stated.	last saw her/him alive on <i>May 21, 1958</i>
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22a. SIGNATURE (Degree or title) <i>R. D. DeWitt</i> D.O. 2	22b. ADDRESS Waynesville, Missouri	22c. DATE SIGNED 5/24/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/24/58	23c. NAME OF CEMETERY OR CREMATORY Plesant Hill Cemetery	23d. LOCATION (City, town, or county) (State) Iberia, Missouri
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24. FUNERAL DIRECTOR <i>Hedges Funeral Home</i>	ADDRESS Crocker, Mo	25. DATE RECD. BY LOCAL REG. 6-13-58	26. REGISTRAR'S SIGNATURE <i>Paul Mae Anderson</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

580

MEDICAL CERTIFICATION

JUN 18 1958

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 *Clarence Thross*

Licensed Embalmer No. *4896*
P. O. Address *Waymerville, N.C.*

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.