THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006716
STATE FILE NUMBER

FILED FEB 26 1959 Registration District No. 294 Primary Registration District No. 3656 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY RANDOLPH
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY MO — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WOODLAND — Length of stay in 1b 2 WKS

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE MO b. COUNTY CHARITON
c. CITY OR TOWN BRUNSWICK — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First: FREDRICK Middle: WILLIAM Last: SUSEWIND
4. DATE OF DEATH Month 2 Day 19 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2-27-1884
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING
10b. KIND OF BUSINESS OR INDUSTRY RETIRED
11. BIRTHPLACE (City and state or country) BRUNSWICK. MO
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Carl SUSEWIND
14. MOTHER'S MAIDEN NAME EMMA ZELMER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Address: Mrs. F.W. SOSEWIND SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Abscess, 1 left lower lobe of lung — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Asthma, cause unknown — many years
DUE TO (c) 241XF
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Fracture of L. femur due to fall about Jan 3 59
19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓
20a. ACCIDENT ✓ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell on floor in home
20c. TIME OF INJURY Hour 2 a.m. p.m. Month, Day, Year Jan 3 1959
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ✓
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Brunswick COUNTY Chariton STATE Missouri
21. I attended the deceased from Jan 7 1959 to Feb 19 59 and last saw him alive on Feb 18 1959
Death occurred at 2:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Clarence C Chrisman (Degree or title) MD
22b. ADDRESS Moberly, Mo
22c. DATE SIGNED Feb 20 59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2-21-1959
23c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE
23d. LOCATION (City, town, or county) BRUNSWICK (State) MO
24. FUNERAL DIRECTOR L. E. McCarty ADDRESS Brunswick Mo
25. DATE RECD. BY LOCAL REG. 2-21-59
26. REGISTRAR'S SIGNATURE Neale W Lowe

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. E. McCarry.....

Licensed Embalmer No. 48

P. O. Address Brunsw

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