

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034954

FILED VS SEP 22 1959 353

Registration District No. 353 Primary Registration District No. 6195 Registrar's No. 17

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Levan</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brown twsb</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>				2. USUAL RESIDENCE (Where deceased lived: if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Levan</u> c. CITY OR TOWN <u>Levan, Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>7 Miles East of Plato Mo</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Middle Last <u>John Fredrick Sudheimer</u>				4. DATE OF DEATH Month Day Year <u>Sept 7, 1959</u>									
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>9-25-1888</u>		9. AGE (last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>Marion Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>William Sudheimer</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Coffee</u>				14. NAME OF HUSBAND OR WIFE <u>✓</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.				17. INFORMANT <u>John Sudheimer</u> Address <u>Levan</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Intraabdominal Hemorrhage</u>										<u>6 hours</u>			
DUE TO (b) <u>carcinomatosis</u>													
DUE TO (c) <u>carcinoma right colon</u>													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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.)					
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from <u>12 August 1959</u> to <u>16 August 1959</u> and last saw him alive on <u>16 August 1959</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Joe A. Wall M.D.</u>						22b. ADDRESS <u>Houston, Missouri</u>			22c. DATE SIGNED <u>9-12-59</u>				
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county)		(State)			
<u>Burial</u>		<u>Sept 15, 59</u>		<u>Lynch Cem</u>				<u>Levan Co</u>		<u>MO.</u>			
24. FUNERAL DIRECTOR				ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE			
<u>Smith-Houston</u>				<u>Lynch 715</u>				<u>Sept 10, 1959</u>		<u>Eluora C. Nasse</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

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 Ember Ferguson

Licensed Embalmer No. 3945

P. O. Address Living

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.

[Handwritten scribbles and signatures at the bottom of the page]