MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-031813
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0641
2 0641.2
3
4 1
5 2
6
7 0
8 2
9 422.1
10
11
12 90-2
13 1-0

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 30

FILED SEP 5 1962

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra — Length of stay in 1b: 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1014 S. Main St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Palmyra — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1014 S. Main St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Orlena — Middle Corinna — Last Suter
4. DATE OF DEATH: Month Aug. — Day 12 — Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1872 Oct. 20
9. AGE (last birthday): 89 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Marion County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Oscar C. Hendren
13b. MOTHER'S MAIDEN NAME: Camelia Vance
14. NAME OF HUSBAND OR WIFE: J. William Suter
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.: none
17. INFORMANT: Mrs. Lois Phillips, Palmyra, Mo. — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Gradual
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteria Sclerosis — For 6 months
DUE TO (c) Infirmities of Age
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. ☐ Yes ☐ No ☐ Unknown

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1959, to 1962 and last saw her alive on Aug. 11, 1962
Death occurred at 2:30 Am on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE P. H. Stuhlman (Degree or title) M.D.
22b. ADDRESS Palmyra Mo
22c. DATE SIGNED 8-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 14 Aug. 1962
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county) (State): Palmyra, Missouri

24. FUNERAL DIRECTOR: Lewis Brothers' — ADDRESS: Palmyra, Mo.
25. DATE RECD. BY LOCAL REG.: 8-14-62
26. REGISTRAR'S SIGNATURE: Dr E. M. Lucke By Viola Gee, Deputy

(Licensed Embalmer's Statement on Reverse Side)

I MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

P. H. Stuhlman

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_____ Signed George M. Lewis

Signature of Student Embalmer

Licensed Embalmer No. 4851

P. O. Address Palmyra, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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