

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025139

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5789 Registrar's No. 29

FILED JUN 21 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

| | | | | | |
|--|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Mississippi | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James | | Length of stay in lb 19 days | c. CITY OR TOWN East Prairie | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 1 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Rt. 1, Box 705 | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Edward (Suing) Sueing | | | 4. DATE OF DEATH Month June Day 9 Year 1963 | | |
| 5. SEX Male | 6. COLOR OR RACE Col. | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/21/63 | 9. AGE (last birthday) Months 19 Days 19 Hours 19 Min. | IF UNDER 1 YEAR IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ----- | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | | 11. BIRTHPLACE (City and state or country) Charleston, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME Mary L. Sueing | | 14. NAME OF HUSBAND OR WIFE ----- | |
| 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 Mary L. Sueing Route 1, East Prairie, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infectious diarrhea | | | | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Premature infant | | | | 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 checked="" 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 June 9-63 to June 9-63 and last saw her alive on June 9/63 Death occurred at 11:05 P on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) [Signature] | | | 22b. ADDRESS Charleston, Mo | | 22c. DATE SIGNED 6/10/63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 6/10/63 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | 23d. LOCATION (City, town, or county) (State) Charleston, Missouri |
| 24. FUNERAL DIRECTOR [Signature] Charleston, Missouri | | | 25. DATE RECD. BY LOCAL REG. 6-19-1963 | | 26. REGISTRAR'S SIGNATURE [Signature] |

USE BLACK INK OR TYPEWRITER RIBBON

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.

This

James A. Carter Sr.

Student _____

Signed **THIS** body was not embalmed

Signature of Student Embalmer

Licensed Embalmer No. 4681

P. O. Address C, Ville, 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.