

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED OCT 29 1953

State File No. **37979**

BIRTH NO. _____ REG. DIST. NO. **325** PRIMARY REG. DIST. NO. **4476** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Schuyler	
b. CITY OR TOWN Downing		c. CITY OR TOWN Downing	
c. LENGTH OF STAY (In this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) 0980	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Allen c. (Last) Sudder			4. DATE OF DEATH (Month) (Day) (Year) Oct 19, 1953		
5. SEX M	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 12, 1894	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR: Days 5 Hours 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Hand P.H. Section Hand P.H.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Monro, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Sudder		13b. MOTHER'S MAIDEN NAME Etna Vail	
14. NAME OF HUSBAND OR WIFE Etta Sudder		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.	
17. INFORMANT'S SIGNATURE OR NAME Etta Sudder		ADDRESS Downing, Mo.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown Patient in Hospital under our care from 8-31-53 to 9-13-53 because of cancer of cecum with metastasis to liver. DUE TO (b) Again Hospitalized 9-30-53 to 10-7-53 DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 9-1-53		19b. MAJOR FINDINGS OF OPERATION Cancer of cecum with metastasis to liver 153X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Reported to have died 10-19-53		
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22. I hereby certify that I attended the deceased from **8-31-53**, 19___, to **10-2-53**, 19___; that I last saw the deceased alive on **10-2-53**, 19___, and that death occurred at **see above** from the causes and on the date stated above.

23. SIGNATURE Carl Hanger (Degree or title) D.O.		23b. ADDRESS Kirkville, Mo.		23c. DATE SIGNED 10-20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 21, 1953		24c. NAME OF CEMETERY OR CREMATORY Downing	
24d. LOCATION (City, town, or county) (State) Downing Mo.					

DATE REC'D BY LOCAL REG. 10-21-53		REGISTRAR'S SIGNATURE Ans. Hyl Drake		25. FUNERAL DIRECTOR'S SIGNATURE Moore Funeral Home	
				ADDRESS Downing, Mo.	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

980

0980
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NOV 24 1953

SEP 18 1957

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.

Signed _____

Neal Payne

Signed _____
Student Embalmer

Licensed Embalmer No. 2550

P. O. Address Memphis 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 this body is not embalmed, fact should be so stated above.