

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

973

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5526 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Preston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Preston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Terald</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Sutt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-1-50</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>AD</u>	8. DATE OF BIRTH <u>Feb-15-1947</u>
9. AGE (In years last birthday) <u>2</u> 10. MONTHS <u>10</u> 11. DAYS <u>16</u>		9. AGE (In years last birthday) <u>2</u> 10. MONTHS <u>10</u> 11. DAYS <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Hickory Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>W L Sutt</u>		13b. MOTHER'S MAIDEN NAME <u>Georgie Kennedy</u>	
14. NAME OF HUSBAND OR WIFE		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)		15. SOCIAL SECURITY NO.	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>W. L. Sutt</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Run over by car</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway near Preston</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Preston Hickory MO</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Preston Hickory MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Struck by car</u>		21f. HOW DID INJURY OCCUR? <u>Struck by car</u>	
22. I hereby certify that I attended the deceased from <u>Jan 1, 1950</u> to <u>Jan 1, 1950</u> , that I last saw the deceased alive on <u>Jan 1, 1950</u> , and that death occurred at <u>12:07 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. D. Bailey</u>		23b. ADDRESS <u>Urban, Mo</u>	
23c. DATE SIGNED <u>Jan 1-58</u>		23c. DATE SIGNED <u>Jan 1-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hermitage cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Hermitage MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 3-1950</u>		REGISTRAR'S SIGNATURE <u>W. R. Hargiss</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>121</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>0</u> ADDRESS <u>Vaughan, Keating, Urban, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0430  
 11

RECEIVED

District Health Officer No. 7,

District File Number 12-49-1570

Date Filed 1-10-50

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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 .....  
Student Embalmer

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Zerban, 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.