

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15943

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5283 Registrar's No. 22

0230  
1  
WRITING PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union Grof</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>30 years</u>		d. STREET ADDRESS (If rural, give location) <u>Union Grof 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. CITY OR TOWN <u>0230</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>D.</u> c. (Last) <u>Suttee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-9-1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 15 1884</u>		9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>6</u> DAYS <u>6</u> HOURS <u>0</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		
11. BIRTHPLACE (State or foreign country) <u>Knox Co Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		

13a. FATHER'S NAME <u>Rev John F. Suttee</u>		13b. MOTHER'S MAIDEN NAME <u>Alise F. Shacklet</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine Wells</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. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Catherine Suttee Williamstown Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 2, 1951, to May 9, 1951, that I last saw the deceased alive on May 9, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. C.E. Todd DO</u>		23b. ADDRESS <u>Williamstown Mo</u>		23c. DATE SIGNED <u>5/10/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ballard Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Clark Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Share</u>		25. ADDRESS <u>Kokomo Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/14-51</u>		REGISTRAR'S SIGNATURE <u>H. W. Bridges</u>			

Date Received: MAY 29 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 5-51-1011  
Date Filed: MAY 29 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Fred J. Karle*

Signed.....

Student Embalmer

Licensed Embalmer No. 1023

P. O. Address *Kahoka 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.