S. No. 300
v. 10.48

FILED DEC 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43840

BIRTH NO. — REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 102

1082
0

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington Twp
c. LENGTH OF STAY (In this place) 2-5-6
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospt. #3.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield 0396
d. STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) a. (First) EARL b. (Middle) — c. (Last) Cutright

4. DATE OF DEATH (Month) Nov. (Day) 30 (Year) 1951

5. SEX M
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 5-1895
9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months 9 Days 25 | IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Barnham Cutright
13b. MOTHER'S MAIDEN NAME Matilda Gascon
14. NAME OF HUSBAND OR WIFE Zella Cutright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk
16. SOCIAL SECURITY NO. Unk
17. INFORMANT'S SIGNATURE OR NAME Hospt Records. ADDRESS Nevada Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH Unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis — Unk

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION — 4200
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 1, 1950, to Nov 30, 1951, that I last saw the deceased alive on Nov 30, 1951, and that death occurred at 12/10 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. W. Sheet M.D.
23b. ADDRESS State Hospt #3 Nevada Mo
23c. DATE SIGNED Nov 30/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-30-51
24c. NAME OF CEMETERY OR CREMATORY Springfield Cem.
24d. LOCATION (City, town, or county) (State) Springfield, Mo.

DATE REC'D BY LOCAL REG. 12-3-51
REGISTRAR'S SIGNATURE Anna E. Ferry 1951
25. FUNERAL DIRECTOR'S SIGNATURE Herman H. Lohmeyer ADDRESS Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 11 195

Dist. File 1251-3111

Date Filed 12-12-51

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 Marsh. Eeihinger

Signed .....
Student Embalmer

Licensed Embalmer No. 2656

P. O. Address Nevada 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.