

FILED FEB 18 1952

STANDARD CERTIFICATE OF DEATH

5611

State File No.

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>WEST OLIVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Ann</u> c. (Last) <u>Suttles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1 - 1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>OCT. 9 - 1878</u>
9. AGE (In years) last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>Barry County</u>		12. CITIZEN OF WHAT COUNTRY? <u>W.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>			

13a. FATHER'S NAME <u>Nathan J. Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Abice Lanar</u>	14. NAME OF HUSBAND OR WIFE <u>Martin Suttles</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E.P. Suttles</u>	ADDRESS <u>Konawa Okla</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>assoc to myocardial failure</u> <u>and congestive heart failure</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 27, 1952 to Feb 1, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 3 A. M., from the causes and on the date stated above.

23a. SIGNATURE (In legible ink) <u>Clare Callum M.D.</u>	23b. ADDRESS <u>Bro. Olive St Aurora</u>	23c. DATE SIGNED <u>2/3/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/3/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wash Park</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 11 - 52</u>	REGISTRAR'S SIGNATURE <u>Oran Mc Nett</u>	157	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Marsh</u>	ADDRESS <u>Aurora, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Myself

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Gene Harrent

Licensed Embalmer No. *4809*

P. O. Address *Aurora, Ill.*

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.