

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43507

State File No.

FILED DEC 21 1953

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3036		Registrar's No. 122	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence			
b. CITY OR TOWN Aurora		c. LENGTH OF STAY (in this place) 5 Yrs.		c. CITY OR TOWN Aurora		d. STREET ADDRESS (If rural, give location) 200 E. Myrtle St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital							
3. NAME OF DECEASED (Type or Print) Rilla E. Suttles			a. (First) E. b. (Middle) Suttles c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec 15, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 28, 1874		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Crane, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Granvil P. Wheeler		13b. MOTHER'S MAIDEN NAME Sarah Ledtbetter		14. NAME OF HUSBAND OR WIFE Lemon Suttles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Finis Suttles Aurora, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Intestinal Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertensive Heart Disease</i> DUE TO (c) <i>Disease</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 hrs.</i> <i>Years.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (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 <i>1939</i> to <i>Dec 21, 1953</i> , that I last saw the deceased alive on <i>Dec 14, 1953</i> , and that death occurred at <i>9:20 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>A. P. Coates M.D.</i> (Degree or title)				23b. ADDRESS <i>Aurora, Mo.</i>		23c. DATE SIGNED <i>12-17-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/17/53		24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery		24d. LOCATION (City; town, or county) (State) Aurora, Missouri	
DATE REC'D BY LOCAL REG. 12/17/53		REGISTRAR'S SIGNATURE <i>Oran Me... 157</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Wood Funeral Home Aurora, Missouri			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James D. Crafton

Licensed Embalmer No. 4668

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.