

STANDARD CERTIFICATE OF DEATH

State File No. **1001**

BIRTH NO. **FILED FEB 8 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **114**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 months		e. STREET ADDRESS (If rural, give location) 940 W. Chestnut Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 304 S. Kimbrough Avenue			

3. NAME OF DECEASED (Type or Print) MARTHA		a. (First)	b. (Middle) DORA	c. (Last) SUTTLE	4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 16 June 1869		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. 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 (City and State or Foreign Country) McLeansboro, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James Bagby		13b. MOTHER'S MAIDEN NAME Eliza Hughes		14. NAME OF HUSBAND OR WIFE John W. Suttle	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. W.C. Johnston, 940 W. Chestnut St., Springfield, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH 8 months	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Arteriosclerotic Heart Disease		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		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)	
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?	

22. I hereby certify that I attended the deceased from September 19, 1954, to Jan 30, 1954, that I last saw the deceased alive on Jan 2, 1954, and that death occurred at 11:15A m., from the causes and on the date stated above.

23a. SIGNATURE <i>W.C. Johnston</i> (Degree or title) MD.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 2-1-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2 Feb. 1954	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri.	
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DATE REC'D BY LOCAL REG. 2-3-54		REGISTRAR'S SIGNATURE <i>E. C. Williams</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul C. Phares</i>		ADDRESS Springfield, Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Ralph H. Thiem*.....

Licensed Embalmer No. 3681
Springfield, Mi
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.