

FILED MAY 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13028

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 108

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | |
| b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u> | | c. CITY OR TOWN <u>Elvins</u> | 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) <u>11 days</u> | | e. STREET ADDRESS (If rural, give location) <u>0940</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Bonne Terre Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>Alice</u> c. (Last) <u>Sutterfield</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1955</u> | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | |
| 8. DATE OF BIRTH <u>July 20, 1873</u> | | 9. AGE (In years last birthday) <u>81</u> | | IF UNDER 1 YEAR: (Month) (Day) (Year) <u>8 18</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas Texas</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>Henry Asher</u> | | 13b. MOTHER'S MAIDEN NAME <u>LEF ANN (UNKNOWN)</u> | | 14. NAME OF HUSBAND OR WIFE <u>FRANKLIN SUTTERFIELD</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 ADDRESS <u>Clifford Sutterfield Elvins, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES <u>chronic nephritis</u> DUE TO (b) <u>arterio-sclerotic Heart Disease</u> <u>arterial hypertension</u> DUE TO (c) <u>arterio-sclerosis</u> <u>hypertension</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>several years</u> <u>several years</u> <u>several years</u> <u>4 months</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) (m.) | | 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 3/27, 1955, to 4/8, 1955, that I last saw the deceased alive on 4/7, 1955, and that death occurred at 10:44 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Paul L. Jones MD</u> | | 23b. ADDRESS <u>Flat River, Mo.</u> | | 23c. DATE SIGNED <u>4/9/55</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>April 11, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>West Fork</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>West Fork, MO.</u> | | | | | |

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| DATE REC'D BY LOCAL REG. <u>Apr 9, 1955</u> | | REGISTRAR'S SIGNATURE <u>Ether Sutterfield</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond Caldwell Flat River, 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *R. Caldwell*.....

Licensed Embalmer No. *253*.....

P. O. Address *Flat River*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.