FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21939

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5526 Registrar's No. 12

1. PLACE OF DEATH

a. COUNTY: Hickory

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Stark Township

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mile E Preston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Hickory

c. CITY OR TOWN: Preston

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒

e. STREET ADDRESS (If rural, give location): 1 mile E of Preston 0430

3. NAME OF DECEASED (Type or Print)

a. (First): Mary

b. (Middle): M

c. (Last): Sutt

4. DATE OF DEATH (Month) (Day) (Year): July 16 - 1955

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Mar 18 - 1862

9. AGE (In years last birthday): 93

IF UNDER 1 YEAR: Months 3 Days 28

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (City and State or Foreign Country): Davis Co. Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Martin Dull

13b. MOTHER'S MAIDEN NAME: Martha Critton

14. NAME OF HUSBAND OR WIFE: C. C. Sutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Herb Sutt - Preston, 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): Heart - age — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arterio sclerosis — yes

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: 4500 F

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* July, 1954, *to* July 16, 1955, *that I last saw the deceased alive on* July 15, 1955, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R D Mevins - MD

23b. ADDRESS: Hermitage, Mo

23c. DATE SIGNED: 7-20 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 17-1955

24c. NAME OF CEMETERY OR CREMATORY: Sumner Cemetery

24d. LOCATION (City, town, or county) (State): Wheatland, Mo

DATE REC'D BY LOCAL REG.: 7-26-55

REGISTRAR'S SIGNATURE: May Johnson 464

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gilbert Hathaway - Wheatland, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas Gilbert Holloway...

Licensed Embalmer No. 42

P. O. Address W. Seattle

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.