

STANDARD CERTIFICATE OF DEATH

32643

FILED OCT 18 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 4147 Registrar's No. 18

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| 1. PLACE OF DEATH a. COUNTY Cooper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bunceton | c. LENGTH OF STAY (In this place) Life | c. CITY OR TOWN Bunceton | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. No street numbers | | e. STREET ADDRESS (If rural, give location) No street numbers | |

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|---|------------|----------------|-------------|-------------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) OLLIE | a. (First) | ASHLAND | b. (Middle) | SUTTINGTON | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 9th. 1955 |
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| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 23. 1878 | 9. AGE (In years last birthday) 78 | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 18 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Public | 11. BIRTHPLACE (City and State or Foreign Country) Bell Air, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Harrison H. Suttington | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Lee Anna Suttington |
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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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Lee Anna Suttington, Bunceton, MO | ADDRESS Bunceton, MO |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221 | | | |

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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) |
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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 3-4, 1955, to 10-7, 1955, that I last saw the deceased alive on 10-7, 1955, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) D. C. Lee | 23b. ADDRESS Tipston, Mo | 23c. DATE SIGNED 10-10-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 12, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Bunceton Colored | 24d. LOCATION (City, town, or county) (State) Bunceton, Mo |
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| DATE REC'D BY LOCAL REG. Oct. 12, 1955 | REGISTRAR'S SIGNATURE Nellie Mullett | 25. FUNERAL DIRECTOR'S SIGNATURE Tipston | ADDRESS Tipston |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0270

MO

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 *James E. Richards*
Licensed Embalmer No. *246*
P. O. Address *Lipton*

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.