

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40133

State File No. _____

FILED JAN 5 - 1956

No. 300
10.48

2350

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>5420</u>		Registrar's No. <u>17</u>					
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb		c. LENGTH OF STAY (in this place) 13 yrs.		c. CITY OR TOWN Holcomb		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 Home, Holcomb, Missouri				e. STREET ADDRESS (If rural, give location) City							
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS			b. (Middle) HENRY		c. (Last) SUTTON		4. DATE OF DEATH (Month) (Day) (Year) Dec. 27 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 3 1867		9. AGE (In years last birthday) 88			
						of UNDER 1 YEAR Months 7 Days 14 Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kentucky			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If you, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Sylvia Whaley Holcomb, Missouri					ADDRESS		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Prostate ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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. 177x								1 1/2 yrs			
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 <u>7/26, 1954</u> to <u>12/22, 1955</u> , that I last saw the deceased alive on <u>12/22, 1955</u> , and that death occurred at <u>5:30 P.M.</u> from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Wallace A. Belsey M.D.				23b. ADDRESS Campbell Mo.			23c. DATE SIGNED 12/30/55				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 29 1955		24c. NAME OF CEMETERY OR CREMATORY Pine City Cemetery		24d. LOCATION (City, town, or county) (State) Holcomb Missouri					
DATE REC'D BY LOCAL REG. 12/30/55		REGISTRAR'S SIGNATURE J. Anderson			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home Campbell, Mo.						

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 1-4-56
COUNTY FILE NUMBER 156-

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 *Christina M. Landers*

Licensed Embalmer No. 42

P. O. Address *Campbell,*

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.