

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29195

State File No. 6648

FILED AUG 24 1956

318

REG. DIST. NO. 1003

Registrar's No. 6648

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY <i>Pike</i>	
b. CITY OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>Pleasant Hill</i>	
c. LENGTH OF STAY (in this place) <i>13 days</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hospital</i>		STREET ADDRESS (If rural, give location) <i>RR # 2</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>LEWIS</i> b. (Middle) <i>GILBERT</i> c. (Last) <i>SUTTON</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7 13 1956</i>	
5. SEX <i>MALE</i>		6. COLOR OR RACE <i>WHITE</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>		8. DATE OF BIRTH <i>Nov. 15, 1873</i>	
9. AGE (In years last birthday) <i>82</i>		10. IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	
10. IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Pleasant Hill, Ill.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Stephen Sutton</i>	
13b. MOTHER'S MAIDEN NAME <i>Mary Jane Clews</i>		14. NAME OF HUSBAND OR WIFE <i>Unavailable</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Lewis McCrary, Alton, Ill.</i>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Adenocarcinoma of the stomach</i> ANTECEDENT CAUSES <i>Ally</i> Morbidity conditions, if any, giving rise to the above cause (a) setting the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>15/1, X</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <i>July 1, 1956</i> , to <i>July 13, 1956</i> , that I last saw the deceased alive on <i>July 12, 1956</i> , and that death occurred at <i>8:40 a.m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Benjamin H. Clews, Jr., M.D.</i> (Degree or title)		23b. ADDRESS <i>Mo. Pac. Hospital - St. Louis</i>	
23c. DATE SIGNED <i>July 13, 1956</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
24b. DATE <i>7-15-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Crescent Heights</i>	
24d. LOCATION (City, town, or county) (State) <i>Pleasant Hill, Ill.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert H. Hoppe</i> ADDRESS <i>4700 Washington Blvd.</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>JUL 16 1956</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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 *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *A. Lau*

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.