

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5382**

FILED FEB 18 1957

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3036		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) Aurora		c. LENGTH OF STAY (In this place) 9 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Aurora		0551	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital				d. STREET ADDRESS (If rural, give location) 220 W. Church			
3. NAME OF DECEASED (Type or Print)		a. (First) EDWARD		b. (Middle) ****		c. (Last) SUTTLES	
4. DATE OF DEATH		(Month) Feb.		(Day) 9,		(Year) 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 27, 1873		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Jenkins, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Thomas Suttles		13b. MOTHER'S MAIDEN NAME Elizabeth McKinney		14. NAME OF HUSBAND OR WIFE Lillie Suttles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lillie Suttles		ADDRESS Aurora, Mo.	
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) Terminal Anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 wks. years. years.	
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) 260X			
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 1946 to 2-9-1957 , that I last saw the deceased alive on 2-9-1957 , and that death occurred at 3:15 p.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. P. Coyette M.D.				23b. ADDRESS Aurora, Mo.		23c. DATE SIGNED 2-11-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/11/57		24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Aurora, Mo.	
DATE REC'D BY LOCAL REG. 2-11-57		REGISTRAR'S SIGNATURE Osa Mc Natt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arnold's Funeral Home Aurora, Mo.			

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

APR 25 1951

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 _____
Student Embalmer

Signed *Kevin R. Smith*

Licensed Embalmer No. 4929

P. O. Address Adrian, Mi.

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 this body is not embalmed, fact should be so stated above.