Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9547
STATE FILE NUMBER

FILED APR 8 - 1957

Registration District No. 251 Primary Registration District No. 5853 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Polk Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Family home — Length of stay in 1b: 14 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Nodaway
c. CITY OR TOWN: Maryville 0740 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3½ Miles east — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: ANDREW Middle: MILTON Last: SUTTON

4. DATE OF DEATH: Month 3 Day 27 Year 57

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/31/82
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own account
11. BIRTHPLACE (City and state or country): Elmo, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

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.:
17. INFORMANT Address: Mrs. Andrew M. Sutton, Maryville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Gastric Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Perforated ulcer.

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 5401

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to Mar. 27, 1957 and last saw him alive on _____
Death occurred at 7:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. G. Garten D. O. 2
22b. ADDRESS: Maryville, Mo.
22c. DATE SIGNED: 3/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/30/57
23c. NAME OF CEMETERY OR CREMATORY: Miriam
23d. LOCATION (City, town, or county) (State): Maryville, Mo.

24. FUNERAL DIRECTOR ADDRESS: Price Funeral Home, Maryville, Mo
25. DATE RECD. BY LOCAL REG.: 4-6-57
26. REGISTRAR'S SIGNATURE: Bess Bolt

29-0

(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 emb

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

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed John W. Price

Licensed Embalmer No. 428

P. O. Address Maryvill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.