

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017798
STATE FILE NUMBER

FILED MAY 27 1958 Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 208

300
1-57

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1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany, MO/		c. CITY OR TOWN Stanberry, Mo. Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Plainview Resthome, 2 moa.		d. STREET ADDRESS (If outside, give location) 318 north High St. Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) Mr. Henry Thomas Sitton		4. DATE OF DEATH May 17 - 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Dec. 7, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) musician		10b. KIND OF BUSINESS OR INDUSTRY Band	9. AGE (In years birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME John Miles Sitton		11b. MOTHER'S MAIDEN NAME Matilda Gynn	
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Spanish Amer. W.		12b. SOCIAL SECURITY NO. None	
13. CAUSE OF DEATH (Only one cause permitted for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Prostate		14. NAME OF HUSBAND OR WIFE (Single) Miss Mary Sitton, Stanberry, Mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardio sclerosis with Hypertension		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐ 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 3/24-58 to 5/17-58 and last saw him alive on 5-17-58 . Death occurred at 9 PM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) E. M. Newman M.D.	
22b. ADDRESS Albany, Mo.		22c. DATE SIGNED 5/19/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/20/58	23c. NAME OF CEMETERY OR CREMATORY High Ridge	23d. LOCATION (City, town, or county) (State) Stanberry-Gentry, Mo.
24. FUNERAL DIRECTOR ADDRESS Phillips Mortuary Stanberry, Mo.		25. DATE RECD. BY LOCAL REG. 5-19-58	
		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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MAY 28 1958

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 Valery G. Phillips
1898

Licensed Embalmer No.

P. O. Address. St. Louis

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.