

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020917
STATE FILE NUMBER

WED JUL 7 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 291

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 617 N.4th. St.		Length of stay in 1b 10 yrs	d. STREET ADDRESS (If outside, give location) 617 N.4th. St.
3. NAME OF DECEASED (Type or print) Mary Thelma Sutton			4. DATE OF DEATH Month July Day 2 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-24-1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker		10b. KIND OF BUSINESS OR INDUSTRY Garment	9. AGE (In years last birthday) 37
13a. FATHER'S NAME Elbert Sapp		13b. MOTHER'S MAIDEN NAME Lillie Maude Cross	11. BIRTHPLACE (City and state or country) Boone County, Missouri
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.	12. CITIZEN OF WHAT COUNTRY? USA
14. NAME OF HUSBAND OR WIFE Albert Sutton			17. INFORMANT Address Albert Sutton, Columbia, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of cervix with massive pelvic extension, 5 Months pregnancy at time of diagnosis			INTERVAL BETWEEN ONSET AND DEATH 1 yr 9 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. xxxxx			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had pelvic evisceration on June 27, 1957			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Sept. 24, 1956 to July 2, 1958 and last saw her alive on July 1, 1958 Death occurred at 2:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In full name and title) James M. Baker, M.D.		22b. ADDRESS Columbia, Missouri	22c. DATE SIGNED 7/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-3-1958	23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery	23d. LOCATION (City, town, or county) (State) Ashland, Missouri
24. FUNERAL DIRECTOR - ADDRESS Lyman Sprinkle, Columbia, Mo. Memorial Funeral Home		25. DATE RECD. BY LOCAL REG. July 3 1958	26. REGISTRAR'S SIGNATURE Mrs R E Palmett

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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, [REDACTED], Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Lyman Spunkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, W*

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.