

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035721

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 510

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If inside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fairfeld</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mo Hosp.</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>1000</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES EDWARD SUTTON SR.</u>			4. DATE OF DEATH Month Day Year <u>OCT 25, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 18, 1887</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Engineer</u>	11. BIRTHPLACE (City and state and country) <u>Broughton, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. NAME OF HUSBAND OR WIFE <u>Della Faith Endicott</u>	
13a. FATHER'S NAME <u>Thos. J. Sutton</u>		13b. MOTHER'S MAIDEN NAME <u>Rosalie Murrow</u>	
14. NAME OF HUSBAND OR WIFE <u>Della Faith Endicott</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>402-09-6241</u>		17. INFORMANT <u>Mrs. Sutton</u> Address <u>Fairfeld, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause and give for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Arterio-Sclerotic Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4301</u>
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 Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <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 <u>October 21st, 1958</u> to <u>Oct. 25th, 1958</u> and last saw him alive on <u>October 25, 1958</u> Death occurred at <u>8:10 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or title) <u>Edward M. Fatio M.D.</u>		22b. ADDRESS <u>714 Broadway, Cape Girardeau, Mo.</u>	
22c. DATE SIGNED <u>10/28/58</u>		23. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery, Illinois, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
24. FUNERAL DIRECTOR <u>Bepling Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 28, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroners, etc., must state any statements or examinations in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 10 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 *Oliver Clamish*

Licensed Embalmer No. *4470*

P. O. Address *Dallas, Mo*

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.