

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 6 4 4

FILED VS DEC 29 1959

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 130

ENDED

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| 1. PLACE OF DEATH a. COUNTY Lawrence County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora | Length of stay in 1b 5 days | c. CITY OR TOWN Marionville | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hospital | | d. STREET ADDRESS South Street | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Peter Middle Anson Last Sutleff | 4. DATE OF DEATH Month Dec. Day 22, Year 1959 |
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|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|--|--|
| 5. SEX Male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-7-1867 | 9. AGE (last birthday) 92 | IF UNDER 1 YEAR Months 1 Yrs 13 | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Miller Co. Missouri | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
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| 13a. FATHER'S NAME Henry Sutleff | 13b. MOTHER'S MAIDEN NAME Nancy Coy | 14. NAME OF HUSBAND OR WIFE Eliza Jane Sutleff |
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| 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. no | 17. INFORMANT Address Mrs. Effie Smith, Marionville, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyloric Obstruction | | INTERVAL BETWEEN ONSET AND DEATH 1 wk. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. |
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| 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 12/1/59 to 12/22/59 and last saw her ^{her} alive on 12/22/59
Death occurred at 12:57 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) J. B. Summige | 22b. ADDRESS Aurora, Mo. | 22c. DATE SIGNED 12/23/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 23, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery | 23d. LOCATION (City, town, or county) (State) Marionville, Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS J. B. Summige Marionville, Mo. | 25. DATE RECD. BY LOCAL REG. 12-24-1959 | 26. REGISTRAR'S SIGNATURE Ora Mc Natt |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 William A. Fulkes

Licensed Embalmer No. 4658

P. O. Address Marionville

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.