Dr. Greene
FILED VS MAR 5 1960

URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-007277
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 72

NDED

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Clark's Rest Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 507 N. 4th St., — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First George Middle E. Last Sutton
4. DATE OF DEATH: Month 2/22/1960 Day Year

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/27/1873
9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Int'l Shoe Co.,
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Sutton
13b. MOTHER'S MAIDEN NAME: Mattie Miller
14. NAME OF HUSBAND OR WIFE: Lola F Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. M.S.Rothweiler, Address: Palmyra, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

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 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 1-7-47, to 12-7-59 and last saw him alive on 12-7-59
Death occurred at 7:15 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
22c. DATE SIGNED: 2-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-24-60
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal, Missouri

24. FUNERAL DIRECTOR ADDRESS: H.M. O'Donnell, Hannibal, Mo.
25. DATE RECD. BY LOCAL REG.: Feb 26-1960
26. REGISTRAR'S SIGNATURE: Dr E M Lucky by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed H. M. McDonnell

Signature of Student Embalmer

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo

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

DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

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DUE TO (b):
DUE TO (c): Item 3b corrected by affidavit of

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): informant--1-12-66

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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26. REGISTRAR'S SIGNATURE: Dr. E.M. Lindley Lillian M. Hermes

(Licensed Embalmer's Statement on Reverse Side)

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BY AFFIDAVIT OF

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