URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 0 1960

-60-039036

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 4320 Registrar's No. 59

NDED

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra — Length of stay in 1b 3 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 120 E. Jefferson — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Reynolds
c. CITY OR TOWN Rural — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Reynolds County — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Calvin Middle Lee Last Sutterfield

4. DATE OF DEATH Month 10 Day 2 Year 60

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 5-9-1869

9. AGE (last birthday) 91 — 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) School Teacher

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and state or country) West Fork, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME NO Record

13b. MOTHER'S MAIDEN NAME No Record

14. NAME OF HUSBAND OR WIFE Carolyne Sutterfield

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. none

17. INFORMANT W.E. Sutterfield 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) Senility — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

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 Jan 1958, to Aug 1960 and last saw her/him alive on Aug 30, 1960

Death occurred at 2:00 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donald F. Glascock M.D

22b. ADDRESS Palmyra, Mo

22c. DATE SIGNED 10-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial

23b. DATE 10-5-60

23c. NAME OF CEMETERY OR CREMATORY Black Cemetery

23d. LOCATION (City, town, or county) (State) Black, Mo.

24. FUNERAL DIRECTOR Lewis Bros. ADDRESS Palmyra, Mo.

25. DATE RECD. BY LOCAL REG. 10-4-60

26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke, By Viola Geer Deputy

(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 J B Lewis

Signature of Student Embalmer

Licensed Embalmer No. 4875

P. O. Address Palmyra,

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