

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> COUNTY <u>Clay</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis Missouri</u>		Length of stay in 1b <u>7 days</u>		c. CITY OR TOWN <u>Iola</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. Louis Children's</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>none</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Henry</u> Last <u>Sutton</u>				4. DATE OF DEATH Month <u>1</u> Day <u>28</u> Year <u>61</u>											
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12-13-45</u>		9. AGE (last birthday) <u>15 years</u>		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) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>				11. BIRTHPLACE (City and state or country) <u>Hutchinson Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>John Ora Sutton</u>				13b. MOTHER'S MAIDEN NAME <u>Ida Fry</u>				14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>		17. INFORMANT <u>Mary Ritter 500 S Kingshighway</u> Address									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cardiac arrest</u> DUE TO (b) <u>Congestive heart failure</u> DUE TO (c) <u>following heart surgery for correction of Interventricular septal defect</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>also had over riding of aorta.</u> 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												INTERVAL BETWEEN ONSET AND DEATH			
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.) <u>754.2</u>											
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year				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 <u>1-21-61</u> to <u>1-28-61</u> and last saw her/him alive on <u>1-28-61</u> Death occurred at <u>8:25 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>Gregoria M. Pura, M.D.</u> (Degree or title)						22b. ADDRESS <u>Children's Hospital</u>				22c. DATE SIGNED <u>JAN 30 1961</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>1/30/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oskaloosa</u>				23d. LOCATION (City, town, or county) (State) <u>Clay Co. Ill.</u>							
24. FUNERAL DIRECTOR <u>Stonecipher</u> ADDRESS <u>Farina, Ill.</u>				25. DATE RECD. BY LOCAL REG. <u>JAN 30 1961</u>				26. REGISTRAR'S SIGNATURE <u>Lead Smith, M.D.</u>							

**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 Frank Proloff

Licensed Embalmer No. 4356

P. O. Address St Louis 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.