

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021745

STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 18

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 5 1961

1. PLACE OF DEATH
 a. COUNTY Johnson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township Length of stay in 1b 7 Months
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION USAF Hospital Whiteman AFB, Missouri Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Johnson
 c. CITY OR TOWN Knob Noster Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 201 South Jefferson Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Lisa Nadine Suttles
 4. DATE OF DEATH Month Day Year
June 28 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 11 Nov 60 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
7 Months 17 Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
Whiteman AFB, Mo U.S.

13a. FATHER'S NAME Otis L Suttles 13b. MOTHER'S MAIDEN NAME Ramona A Arp 14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. - 17. INFORMANT Otis L Suttles Address 201 South Knob Noster, Jefferson St. 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) Acute Myocarditis
 DUE TO (b) Respiratory Infection
 DUE TO (c) of Undetermined Etiology
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypoplasia of Adrenal Glands
 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 Month, Day, Year
9:19 a.m. June 28 1961

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 viewed the deceased at 9:19 a.m. on June 28 1961 Death occurred at 9:19 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. V. Mullins (Degree or title) M.D. 22b. ADDRESS USAF Hospital Whiteman AFB, Missouri 22c. DATE SIGNED 28 Jun 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-30-61 23c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery 23d. LOCATION (City, town, or county) (State) Knob Noster, Mo

24. FUNERAL DIRECTOR H. B. Lawrence ADDRESS Whiteman AFB, Missouri 25. DATE RECD. BY LOCAL REG. June 28-61 26. REGISTRAR'S SIGNATURE Erma L. Beatty

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



Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.