

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024271

AMENDED Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 240 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH  
 a. COUNTY **Butler**  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Poplar Bluff** Length of stay in 1b **1 day**  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Poplar Bluff Hospital** Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Butler**  
 c. CITY OR TOWN **Qulin** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No   
 3. NAME OF DECEASED (Type or print) First **BILLIE** Middle **JO** Last **SUITER** 4. DATE OF DEATH Month **August** Day **4** Year **1961**  
 5. SEX **female** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **July 6, 1945** 9. AGE (last birthday) **16** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **student** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **Paducah, Kentucky** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**  
 13a. FATHER'S NAME **Charles Suiter** 13b. MOTHER'S MAIDEN NAME **Eva Young** 14. NAME OF HUSBAND OR WIFE **none**  
 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 **Charles Suiter** Address **Qulin, 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 lymphatic leukemia** INTERVAL BETWEEN ONSET AND DEATH **6 mos.**  
 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  N.  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 **7-1-61** to **8-4-61** and last saw her him alive on **8-4-61**  
 Death occurred at **8:25** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.  
 22a. SIGNATURE **James K. Mann, M.D.** (Degree or title) 22b. ADDRESS **215 Oak St., Poplar Bluff Mo.** 22c. DATE SIGNED **8-9-61**  
 23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Aug. 7, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Qulin Cemetery** 23d. LOCATION (City, town, or county) (State) **Qulin Missouri**  
 24. FUNERAL DIRECTOR **Landess Funeral Home, Campbell, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **8-11-61** 26. REGISTRAR'S SIGNATURE **Thelma Graham**

AUG 17 1961

**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 Christine M. Lander

Licensed Embalmer No. 4227  
P. O. Address Campbell,

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.