

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018503

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 096 Primary Registration District No. \_\_\_\_\_ Registrar's No. 33  
**FILED MAY 16 1962**

VS 300 Rev. 4/59	DATE AMENDED	
<u>6300</u>		
<u>2300</u>		
3		
4 <u>1</u>		
5 <u>1</u>		
6		
7 <u>0</u>		
8 <u>0</u>		
<u>9420.1</u>		
10		
11		
12 <u>90-0</u>		
13 <u>1-0</u>		
	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
	INSTEAD OF	
	ITEM NO.	SHOULD READ
	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisburg</u>		Length of stay in lb <u>114 RS</u>	c. CITY OR TOWN <u>Louisburg</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Barbara Edna Sutton</u>			4. DATE OF DEATH Month Day Year <u>5-2-1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept-10-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>69</u>
13a. FATHER'S NAME <u>FRANK DRYER</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Nasal Road</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Sutton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Edward Sutton Louisburg, Mo</u>
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>Coronary thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
DUE TO (b) <u>Coronary Arteriosclerosis and</u>			<u>?</u>
- DUE TO (c) <u>Generalized Arteriosclerosis</u>			<u>?</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <u>Obesity and Gallbladder Disease</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
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.)			
20c. TIME OF INJURY Hour . s.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>1954</u> to <u>1962</u> and last saw her alive on <u>4-28-62</u> Death occurred at <u>Louisburg Mo</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>O.O. Daneman</u>		(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Buffalo Mo.</u>
22c. DATE SIGNED <u>5-5-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-4-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MISSION Ridge Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Dallas Co, MO</u>
24. FUNERAL DIRECTOR <u>Allen W. Vaughan</u>		ADDRESS <u>2 Urbane, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5/14/1962</u>
			26. REGISTRAR'S SIGNATURE <u>Mr. Wm. R. R.</u>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.