

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018852

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 174

Primary Registration District No. 4234

Registrar's No. 83

STATE FILE NUMBER

FILED JUN 11 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |                               |  |   |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Iron</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>  |                               | Length of stay in 1b <u>10 da.</u>   | c. CITY OR TOWN <u>Liberty</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. Mary's Hosp.</u>   |                               | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>7 mi. SE of Arcadia</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>OLIVE</u> Middle <u>GERTRUDE</u> Last <u>SUTTERFIELD</u>   |                               | 4. DATE OF DEATH Month <u>June</u> Day <u>2</u> Year <u>1962</u>   |   |
| 5. SEX <u>fem</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>Mar 27 1893</u> 9. AGE (last birthday) <u>69</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>  | 11. BIRTHPLACE (City and state or country) <u>Salem Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u>  |
| 13a. FATHER'S NAME <u>Ruben Oliver Shults</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Simmons</u>  | 14. NAME OF HUSBAND OR WIFE <u>Oather E. Sutterfield</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>no</u>  | 17. INFORMANT Address <u>O. E. Sutterfield, Arcadia Mo.</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>coronary occlusion</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>coronary heart disease</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u> |                               |  | INTERVAL BETWEEN ONSET AND DEATH <u>6/2/62</u><br><u>5/23/62</u>  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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>5/23/62</u> to <u>6/2/62</u> and last saw her <u>live</u> on <u>6/2/62</u> . Death occurred at <u>6/2/62</u> <u>3:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |                               |  |   |
| 22a. SIGNATURE <u>R. E. Farland</u> (Degree or title)   |                               | 22b. ADDRESS <u>Ironton, Mo</u>  |   |
| 22c. DATE SIGNED <u>6/4/62</u>  |                               |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>   |                               | 23b. DATE <u>6/5/1962</u>  |   |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Sutterfield Cemetery</u>  |                               | 23d. LOCATION (City, town, or county) <u>West Fork, Mo.</u> (State) _____  |   |
| 24. FUNERAL DIRECTOR <u>White Funeral Home, Ironton Mo.</u> ADDRESS <u>Amelia White</u>   |                               | 25. DATE RECD. BY LOCAL REG. <u>6-4-62</u>   |   |
|   |                               | 26. REGISTRAR'S SIGNATURE <u>Miss Aris Jones</u>   |   |

JUN 12 1962

Permit June 4 1962

**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 Amel J. White

Licensed Embalmer No. 3012

P. O. Address Proctor Mass

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.