

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042439

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 174 Primary Registration District No. 5562 Registrar's No. 157

FILED DEC 10 1962

VS 300
Rev. 4/59

1 0470
2 0470
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4 1
5 1
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7 6
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12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pilot Knbb</u>		c. CITY OR TOWN <u>Pilot Knbb Mo</u>	
Length of stay in 1b <u>30yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>General Delivery</u>	
3. NAME OF DECEASED (Type or print) First <u>Nora</u> Middle <u>Irene</u> Last <u>Sutton</u>		4. DATE OF DEATH Month <u>II</u> Day <u>26</u> Year <u>62</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>June 9/10 52</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Hogan Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Carrel Tramel</u>	
13b. MOTHER'S MAIDEN NAME <u>Callie Parton</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Sutton</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>unk</u>	
17. INFORMANT <u>Edward Sutton Pilot Knbb Mo</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>ACUTE CIRCULATORY FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 HOURS</u>
DUE TO (b) <u>AURICULAR FIBRILLATION</u>			<u>23 DAYS</u>
DUE TO (c) <u>CARDIAC DECOMPENSATION</u>			<u>YEARS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>RHEUMATIC HEART DISEASE (OLD)</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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>1-14-58</u> to <u>11-26-62</u> and last saw her/him alive on <u>11-20-62</u> Death occurred at <u>10:15</u> <u>A</u> .m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. A. Mendigab MD.</u>		22b. ADDRESS <u>Farmington Mo.</u>	22c. DATE SIGNED <u>II-26-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>II-28-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Memorial Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Arcadia Mo.</u>
24. FUNERAL DIRECTOR <u>C.A. Howell</u>		ADDRESS <u>Ironton, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>II-26-62</u>
		26. REGISTRAR'S SIGNATURE <u>Mrs. Lois Jones</u>	

