

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

420
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH DATE FILED MAR 29 1954		REG. DIST. NO. 137	PRIMARY REG. DIST. NO. 5563	Registrar's No. 336
1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry		
b. CITY OR TOWN Bethlehem Township	c. LENGTH OF STAY (in this place) 45 yrs	c. CITY OR TOWN Rural Bethlehem Township		
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton Rt 3		d. STREET ADDRESS (If rural, give location) Clinton Rt 3 04/20		
3. NAME OF DECEASED (Type or Print) EDWARD FRANKLIN CUTHRELL		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH Mar-20-54		(Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12/17/1865	9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) North Carolina 1	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Cuthrell		13b. MOTHER'S MAIDEN NAME Jennettie McBride	14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, also war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mary Steward ADDRESS Clinton Mo Rt 3	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Immediate 6 months 3 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 526 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from Feb 21, 1954 , to March 2, 1954 , that I last saw the deceased alive on March 2, 1954 and that death occurred at 11 P m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) R. S. Hallingquist M.D.		23b. ADDRESS Clinton Mo.	23c. DATE SIGNED 3/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/23/1954	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton Mo.	
DATE REC'D BY LOCAL REG. Mar-23-54	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE Fred Wilkinson	ADDRESS Funeral Home	
(Licensed Embalmer's Statement on Reverse Side) Clinton Mo.				

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

Student Embalmer

Signed _____

Licensed Embalmer No. 4513

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.