

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

36580  
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 853  
 (b) Township Liberty Primary Registration District No. 6117 Registered No. 12  
 (c) City Osage (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Thomas Cutsinger

(a) Residence, No. Osage Mo. Rural (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rachael Cutsinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79. 1. 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. -  
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME George Cutsinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, U.S.A.

MOTHER 15. MAIDEN NAME Emma Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

17. INFORMANT (ADDRESS) James Shinafelt Osage Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Osage Cem. DATE Oct 13 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Payne Son Salt Mo

20. FILED Oct 15 1940 Mrs. Ruth Tucker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1930 to Oct 11 1940  
 I last saw him alive on Oct 5 1940 Death is said to have occurred on the date stated above, at 9:20 m.

The principal cause of death and related causes of importance were as follows:

Senility - 181  
Chronic interstitial nephritis - Unknown

Other contributory causes of importance:  
Chronic interstitial nephritis - Unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. Payne Son, M. D.  
 (Address) Salt Mo

N.B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

District Health Officer No. 10

District File Number 11-40-2105

Date Filed NOV 11 1940

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *PK Payne Jr*

Licensed Embalmer No. 3400

P. O. Address *Galt*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.