S. No. 300
v. 10-48

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3079

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 182

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Perry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinckneyville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Harry
b. (Middle) DEAN
c. (Last) Sutliff

4. DATE OF DEATH (Month) Jan (Day) 6 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH AUG. 28, 1903 — 1976
9. AGE (In years last birthday) 46 ~~33~~ IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN ~~Coal Miner~~
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) HAYWARD SOUTH DAKOTA ~~Pinckneyville, Illinois~~
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE ~~Jean~~ Sutliff GENEVIEVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. 343-10-1516 Unknown
17. INFORMANT'S SIGNATURE OR NAME GENEVIEVE ~~Jean~~ Sutliff-Pinckneyville, Ill. ADDRESS GENEVIEVE

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 6 mo +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchiogenic carcinoma of the right lung
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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) 162X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/3/49 *19*__, *to* 1/6/, *19*50, *that I last saw the deceased alive on* 1/6/, *19*50, *and that death occurred at* 11:20 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) F. L. Evans MD.
23b. ADDRESS 539 N Grand
23c. DATE SIGNED 1/7/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-7-50
24c. NAME OF CEMETERY OR CREMATORY MUELLER HILL ~~Oddfellows~~
24d. LOCATION (City, town, or county) (State) Pinckneyville, Illinois

DATE REC'D BY LOCAL REG. JAN 8 1950
REGISTRAR'S SIGNATURE J. B. Dassler
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe-4700 Washington ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

Mil

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 J Wm Bentley

Licensed Embalmer No. 3653

P. O. Address St Louis, 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.

STATE OF ILLINOIS)
SS.
County of Perry)

Genevieve J. Sutliff, being first duly sworn upon her oath deposes and says that she is the widow of Harry Dean Sutliff, who died January 6, 1950 at St. Louis, Missouri and that deponent, as such widow, furnished the information for the preparation of a Death Record on said Harry Dean Sutliff.

Deponent further says that the information furnished for said record was incomplete, and in some respects erroneous, and that the following numbered items of said record should be corrected by inserting the following information:

3079

Item	Correction
3	Harry Dean Sutliff for Harry _____ Sutliff
8	August 28, 1903 for _____ 1916
9	46 for 33
10(a)	Electrician for coal miner
11	Hayward, South Dakota for Pinckneyville, Ill.
14	Genevieve J. Sutliff for Jean Sutliff
16	343-10-1316 for unknown
17	Genevieve J. Sutliff for Jean Sutliff
24(c)	Mueller Hill Cemetery for Odd Fellows

Deponent further says that the foregoing information is true and correct and requests that the death record of said Harry Dean Sutliff be corrected accordingly.

Genevieve J Sutliff

Subscribed and sworn to before me this 16th day of February, A. D. 1950.

Flora Schutte
Notary Public