

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26093**

DECEASED
SEP 10 1951
Filed Sep. 10, 1951

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Home - Barry Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 531 - E. Cleveland	
d. FULL NAME OF HOSPITAL OR INSTITUTION 531 - E. Cleveland			

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) JANE c. (Last) SUTTLES			4. DATE OF DEATH (Month) (Day) (Year) aug - 8 - 1951		
5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov - 15 - 1888	9. AGE (In years last birthday) 62	10. MONTHS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Missouri (Melon)	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME C. Bass	13b. MOTHER'S MAIDEN NAME Adaline Grey	14. NAME OF HUSBAND OR WIFE (Decedent) Arthur Suttles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs John Pilant	ADDRESS Monett
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of Thyroid		INTERVAL BETWEEN ONSET AND DEATH 18 1/2 months
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 194X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **8-7-51** to **8-8-51**, 19**51**, that I last saw the deceased alive on **8-7**, 19**51**, and that death occurred at **5:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank T. Kemp MD	23b. ADDRESS Monett Mo.	23c. DATE SIGNED 8-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE aug-10-51	24c. NAME OF CEMETERY OR CREMATORY Odd Fellow cemetery	24d. LOCATION (City, town, or county) (State) Monett Lawrence Mo
DATE REC'D BY LOCAL REG. 8-10-51	REGISTRAR'S SIGNATURE W. M. West	25. FUNERAL DIRECTOR'S SIGNATURE J. P. Buchanan	ADDRESS Monett Mo.

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 30 1951

Dist. File 93-1-1611

Date Filed 9-6-51

100 212

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. D. Buchanan.....

Licensed Embalmer No. 3179.....

P. O. Address Monett 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.