

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41461

State File No.

FILED JAN 4 1952

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 39

0476
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, write RURAL and give township) <u>Arcadia rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Arcadia rural</u> 0476	
c. LENGTH OF STAY (in this place) <u>15 yrs 2 mo 3 da</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 East of Arcadia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for aged Baptist</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Francis</u> b. (Middle) <u>Suttles</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 25, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 25 - 1859</u>
9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of life, or if retired) <u>Wm Whitehouse</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Mo. (Paytown)</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Wm Whitehouse</u>		13b. MOTHER'S MAIDEN NAME <u>Miranda Overstreet</u>	
		14. NAME OF HUSBAND OR WIFE <u>Jno R Suttles</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>none</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>D J Scott</u>	
		ADDRESS <u>Trouton MO</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Essential hypertension</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> ? ?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	
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 <u>12-17</u> , 19 <u>51</u> , to <u>12-25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-17</u> , 19 <u>51</u> , and that death occurred at <u>11:20 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. J. DeVore, D.C.</u>		23b. ADDRESS <u>Trouton, Missouri</u>	
		23c. DATE SIGNED <u>12-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 26-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Baptists Home Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Arcadia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 31-51</u>		REGISTRAR'S SIGNATURE <u>Mrs Avis Jones</u> 128	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home Trouton</u>	
		ADDRESS <u>Mo.</u>	

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 Paul J. White

Licensed Embalmer No. 3012

P. O. Address Winton, Ind.

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.