

STANDARD CERTIFICATE OF DEATH

State File No. **34467**

FILED OCT 23 1952

BIRTH NO. _____		REG. DIST. NO. 69		PRIMARY REG. DIST. NO. 4421		Registrar's No. 2p	
1. PLACE OF DEATH a. COUNTY CHRISTIAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHRISTIAN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BILLINGS		c. LENGTH OF STAY (In this place) 2 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BILLINGS		2220	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION HOME				d. STREET ADDRESS (If rural, give location) NO STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) ADDIE		a. (First)		b. (Middle) LEE		c. (Last) SUTTLEMYRE	
4. DATE OF DEATH (Month) (Day) (Year) OCT. 15-1952		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUNE 10-1898		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR: MONTHS _____ DAYS _____		IF UNDER 10 HRS. _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) McDOWELL CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME RUSSELL W. WILLIAMS		13b. MOTHER'S MAIDEN NAME JOSEPHINE MORGANS		14. NAME OF HUSBAND OR WIFE JAMES A. SUTTLEMYRE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MR. JAMES A. SUTTLEMYRE, BILLINGS, MO.			
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) Congestive Heart Failure				INTERVAL BETWEEN ONSET AND DEATH 1 week	
		ANTECEDENT CAUSES Morbid 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 4341				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) (Min.)		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 Jan 1950 to October 1952 ; that I last saw the deceased alive on 14 Oct. 1952 , and that death occurred at 11:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Karl Leidinger, Jr. M.D.				23b. ADDRESS Republic, Mo.		23c. DATE SIGNED 10-16-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 17-1952		24c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY		24d. LOCATION (City, town, or county) (State) BILLINGS, MISSOURI	
DATE REC'D BY LOCAL REG. 10-16-52		REGISTRAR'S SIGNATURE Alvin Over		50. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris		ADDRESS Cleora, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0220

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

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleary, 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.