

STANDARD CERTIFICATE OF DEATH

State File No. **31658**

FILED OCT 13 1953

REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 28

No. 300
10.48
0470
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Iron</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Arcadia</u> c. LENGTH OF STAY (in this place) <u>17 yrs 9 mos</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for Aged Baptists</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Iron</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Arcadia 0470</u> d. STREET ADDRESS (If rural, give location) <u>1/2 mi east on Highway 70</u>		
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Suttles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Oct. 12, 1863</u>	9. AGE (In years) (last birthday) <u>89</u> If under 1 year: (Month) (Day) (Min.) <u>11 13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>John Lewis Suttles</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Frances Sula Krave</u>		14. NAME OF HUSBAND OR WIFE <u>John Lewis 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>Mr. J. H. Kearney, Ironton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. 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>Sept. 25, 1953</u>, to <u>Sept. 29, 1953</u>, that I last saw the deceased alive on <u>Sept. 24, 1953</u>, and that death occurred at <u>12:45 p.m.</u>, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>E. M. Lightfoot, M.D.</u>		23b. ADDRESS <u>Lester ville, Mo</u>		23c. DATE SIGNED <u>10/11/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ironton, Mo</u>
DATE REC'D BY LOCAL REG. <u>10-7-53</u>	REGISTRAR'S SIGNATURE <u>128 Mrs. Ann Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Arnell J. White

Signed
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Winston, 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.