

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5578

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5842 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dayton Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi E. of Racine</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi E. of Racine</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Charles</u> c. (Last) <u>Cutright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1954</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 9, 1878</u>
9. AGE (In years last birthday) <u>76</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 _____
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Samuel Cutright</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Radley</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lida Cutright</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>489-24-5576</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lida Cutright, nee Radley</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>Coronary Occlusion</u> ANTECEDENT CAUSES <u>acute Pulmonary</u> DUE TO (b) _____ <u>Viruses flui</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infirmities-</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>481X</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>Feb 21, 1954</u> to <u>Mar 1, 1954</u> that I last saw the deceased alive on <u>Feb 28, 1954</u> and that death occurred at <u>5:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>V.B. Sumner M.D.</u>		23b. ADDRESS <u>Seneca Mo.</u>	
23c. DATE SIGNED <u>3-3-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-5-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burkhart Ceme</u>	
24d. LOCATION (City, town, or county) (State) <u>Racine Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Blaine</u>	
DATE REC'D BY LOCAL REG. <u>3-4-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Seneca Mo.</u>		_____	

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 354-41
Date Filed MAR 12 1954

NEOSHO, MISSOURI

AUG 5 1954

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 W E Bellcome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.