No. 300
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FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3712

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 2

100
1

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

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bretton Twp
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Potosi

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Near Potosi 1100 0

3. NAME OF DECEASED (Type or Print)
a. (First): Harrison
b. (Middle): William
c. (Last): Stuthers

4. DATE OF DEATH (Month) (Day) (Year): Jan 4 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 25 1895
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 5, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): 9
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: William J. Stuthers
13b. MOTHER'S MAIDEN NAME: Emily Pruitt
14. NAME OF HUSBAND OR WIFE: Lottie Stuthers

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.:
17. INFORMANT'S SIGNATURE OR NAME: Lottie Stuthers Cadet Mo
ADDRESS: Rt 1.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerular Nephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis + Coronary Occlusion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 30, 1954, *to* Dec 27, 1954, *that I last saw the deceased alive on* Dec 27, 1954, *and that death occurred at* 8-15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George M. [illegible] DD
23b. ADDRESS: Potosi, Mo
23c. DATE SIGNED: 1/4/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-7-55
24c. NAME OF CEMETERY OR CREMATORY: Cole Cemetery
24d. LOCATION (City, town, or county) (State): Washington Co. Mo.

DATE REC'D BY LOCAL REG.: 1-5-55
REGISTRAR'S SIGNATURE: Helen K Endall Mrs. 4031-0
25. FUNERAL DIRECTOR'S SIGNATURE: Luther Sparks
ADDRESS: Potosi Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN. 11 1955
WASH. COUNTY HEALTH DEPT.
File No.
Filed No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murphy L Sparks

Licensed Embalmer No. 423

P. O. Address Red River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.