

X  
S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24492

State File No. ....

FILED JUL 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5821 Registrar's No. 35

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

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kentucky</u> b. COUNTY <u>FULTON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mathews - Rural</u>		c. LENGTH OF STAY (in this place) <u>township</u>		c. CITY OR TOWN <u>HICKMAN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 61 Mathews Joint.</u>				e. STREET ADDRESS (If rural, give location) <u>8160 g</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EASLINE</u>		b. (Middle)		c. (Last) <u>SUTTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July - 4 - 1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN-27-1912</u>		9. AGE (years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>17</u> Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>HOUSE WORK.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BURKLEY Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>TIM BESHARS</u>		13b. MOTHER'S MAIDEN NAME <u>WILLETANE MORFORD</u>		14. NAME OF HUSBAND OR WIFE <u>ARTHUR SUTTON</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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ANNIE BESHEARS, BURKLEY, KY.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HIT BY CAR, FRACTURED</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>SKULL, LEGS CUT OFF</u> DUE TO (c) <u>RIGHT ARM CUT OFF.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8124</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>25</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident Highway</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NEW MADRID, MO</u>			
21d. TIME OF INJURY <u>July - 5 - 5:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>walked out on highway in front of car</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Fay Hedgcock</u>				23b. ADDRESS <u>New Madrid, Mo</u>		23c. DATE SIGNED <u>July 5-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 5-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BURKLEY</u>		24d. LOCATION (City, town, or county) (State) <u>BURKLEY Ky</u>	
DATE REC'D BY LOCAL REG. <u>5 July 56</u>		REGISTRAR'S SIGNATURE <u>Fay Hedgcock</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard's MortCo. New Madrid, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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DATE RECEIVED JUL 9 1988  
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 .....  
Signature of Student Embalmer

*Not Embalmed*

Signed Tammy L. Roberts

Licensed Embalmer No. 4886

P. O. Address New Madrid

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.