

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033847  
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 353

|   |                                  |   |  |   |  |  |   |  |
|---|----------------------------------|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Randolph</b>  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b> |  |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Huntsville</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY<br>OR<br>TOWN <b>Huntsville</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>North Main Street</b>  |                                  |   | Length of stay in lb<br><b>45 years</b>  | d. STREET<br>ADDRESS<br><b>North Main Street</b>  |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Van G. Sutliff</b>  |                                  |   |  | 4. DATE<br>OF<br>DEATH<br>Month Day Year<br><b>September 27 1958</b>  |  |  |   |  |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>April 8, 1878</b>  |  | 9. AGE (In years<br>last birthday)<br><b>80</b>                                      | IF UNDER 1 YEAR<br>Months Days<br><b>0 0</b>  | IF UNDER 24 HRS.<br>Hours Min.<br><b>0 0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done<br>during most of working life, even if retired)<br><b>Farmer &amp; Explosives Dist.</b>  |                                  |   | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br><b>Same as 10a</b>                                   |   | 11. BIRTHPLACE (City and state or country)<br><b>Randolph County, Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>United States</b>                                  |  |
| 13a. FATHER'S NAME<br><b>Enoch P. Sutliff</b>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Melvina Lyle</b>   |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Reba M. Sutliff</b>                                |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b>  |                                  |   | 16. SOCIAL SECURITY NO.<br><b>none</b>   | 17. INFORMANT<br>Address<br><b>Mrs. Van G. Sutliff: Huntsville, Missouri</b>  |  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arterio-sclerosis</b><br>DUE TO (c) <b>4201</b> |                                  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 months 30 yrs</b>                           |   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |   |  |  |   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |                                  |   |  |   |  |  |   |  |
| 20d. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/><br>WORK AT WORK  |                                  | 20e. PLACE OF INJURY (e.g., in or about home,<br>farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY   | STATE   |  |
| 21. I attended the deceased from <b>Jan 10, 1940</b> to <b>9/26/58</b> and last saw <del>him</del> <sup>her</sup> alive on <b>Sept 26, 1958</b><br>Death occurred at <b>6:30 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |   |  |  |   |  |
| 22a. SIGNATURE<br>(Degree or title)<br><b>D. C. Preyer MD</b>   |                                  |   |  | 22b. ADDRESS<br><b>Huntsville Mo</b>  |  | 22c. DATE SIGNED<br><b>9/29/58</b>   |   |  |
| 23a. BURIAL, CREMATION,<br>REMOVAL (Specify)<br><b>burial</b>   |                                  | 23b. DATE<br><b>9-29-1958</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Huntsville Cemetery</b>                             |   | 23d. LOCATION (City, town, or county)<br><b>Huntsville, Missouri</b>           |  | (State)   |  |
| 24. FUNERAL DIRECTOR<br><b>J. B. Patton Sons, Huntsville, Mo.</b>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>9/30/1958</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Mary H. Bentley</b>                            |  |   |  |

Secretary, coroner, etc., must use only standard nomenclature in item 1b. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS MAY 24 1961

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

Signed *Paul Patton* .....

Licensed Embalmer No. *4095* .....

P. O. Address *Lincoln* .....

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.