

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004675

STATE FILE NUMBER

FILED FEB 26 1959

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 82

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>R#1 Fisk, Mo</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doctors Hospital 1Da</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>122</b>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Samuel</b> Last <b>Sutt</b>			4. DATE OF DEATH Month <b>1</b> Day <b>22</b> Year <b>59</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-9-1872</b>	9. AGE (In years) <b>86</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b>13</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR OCCUPATION <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Knotts Co, Ky.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Nicholas Sutt</b>	13b. MOTHER'S MAIDEN NAME <b>Purlina Murphy</b>	14. NAME OF HUSBAND OR WIFE <b>Sinda Sutt</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>-----</b>	17. INFORMANT <b>Sinda Sutt, Fisk, Mo. R#1</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Ruptured Abdominal Aortic Aneurysm</b>	
	DUE TO (c) <b>Arteriosclerotic Vascular Disease Indeterminate</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour <b>4:51</b> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Butler, Co. Mo.</b>	COUNTY	STATE
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21. I attended the deceased from Death occurred at <b>1-22-59</b> to <b>1-22-59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>1-22-59</b> <b>9p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>J. Briggs MD</b>	(Degree or title)	22b. ADDRESS <b>Poplar Bluff, Mo</b>	22c. DATE SIGNED <b>1-30-59</b>
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23a. BURIAL, CREMATION, or other disposition <b>Burial</b>	23b. DATE <b>1-26-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ash Hill</b>	23d. LOCATION (City, town, or county) <b>Butler, Co. Mo.</b>	(State)
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24. FUNERAL DIRECTOR <b>J.C. White</b>	ADDRESS <b>Fisk, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2/21/59</b>	26. REGISTRAR'S SIGNATURE <b>R. M. ...</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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RECEIVED  
FEB 25 1959

HUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 *Raymond L. Duffie*

Licensed Embalmer No. *4798*

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