

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020085

STATE FILE NUMBER

FILED MAY 21 1959

Registration District No. 326

Primary Registration District No.

Registrar's No. 18

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. 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

1. PLACE OF DEATH a. COUNTY Scotland				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scotland					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gorin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Gorin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS 0990		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Lula Middle Alice Last Suter				4. DATE OF DEATH Month May Day 9 Year 1959					
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 25, 1875	9. AGE (In years last birthday) 84		FUND YEAR Months 0 Days 0 Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Scotland Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Ephriam Wilcox			13b. MOTHER'S MAIDEN NAME Nellie Shacklett			14. NAME OF HUSBAND OR WIFE Albert Suter			
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 Nellie Musgrove Address Gorin, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute peritonitis DUE TO (b) Ruptured Gall Bladder DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 24 hrs 36 hrs 586 X			
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.)			20c. TIME OF INJURY Hour 6:20 A.M. Month, Day, Year						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION Gorin, Missouri			STATE	
21. I attended the deceased from 1950 to 1959 and last saw her alive on May 9, 1959 Death occurred at 6:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE G. M. Simler DO. (Degree or title)				22b. ADDRESS Gorin, Mo				22c. DATE SIGNED MAY 12, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 11, 1959		23c. NAME OF CEMETERY OR CREMATORY Gorin Cemetery		23d. LOCATION (City, town, or county) (State) Gorin, Missouri			
24. FUNERAL DIRECTOR Luth & Parker ADDRESS Murphree			25. DATE RECD. BY LOCAL REG. 5-13-59		26. REGISTRAR'S SIGNATURE Vera E. Turner				

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 myself, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred R. [Signature]

Licensed Embalmer No. 4258
P. O. Address [Signature]

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.