URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

60-030322

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 103

NDED

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany
Length of stay in 1b 20 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Reid Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison
c. CITY OR TOWN Bethany
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 160 Central St
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Frances Middle Caryl Last Sutton
4. DATE OF DEATH Month August Day 31 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Nov 11, 1887
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Bethany, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Isaac N. Phillebaum
13b. MOTHER'S MAIDEN NAME Christena M. Schmidt
14. NAME OF HUSBAND OR WIFE John H. Sutton Jr.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. 491-28-0820
17. INFORMANT Robert G. Sutton Address 649 S. 20th Bethany, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Inoperable Carcinoma Left Breast — INTERVAL BETWEEN ONSET AND DEATH 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-2-60, to 8-31-60 and last saw her alive on 8-31-60
Death occurred at 4:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE G. H. Thorp (Degree or title) D.O.
22b. ADDRESS Bethany, Missouri
22c. DATE SIGNED 9-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept 2, 1960
23c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery
23d. LOCATION (City, town, or county) Bethany (State) Missouri
24. FUNERAL DIRECTOR W. George Noble ADDRESS Bethany, Mo
25. DATE RECD BY LOCAL REG. Sept. 2, 1960
26. REGISTRAR'S SIGNATURE Ella Mayes

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William George No

Signature of Student Embalmer

Licensed Embalmer No. 498

P. O. Address Bethany

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.