

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=61-030312**

STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar No. 181

FILED AUG 31 1961

1. PLACE OF DEATH a. COUNTY <u>PHELPS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ROLLA</u>		Length of stay in 1b <u>1 WK</u>	c. CITY OR TOWN <u>Houston</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>M<sup>c</sup>FARLAND Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Houston</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas WALTER Sutton</u>			4. DATE OF DEATH Month Day Year <u>8 7 1961</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-7-1922</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHING</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>89</u>
13a. FATHER'S NAME <u>William W. Sutton</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JANE Corder</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</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>7</u>	14. NAME OF HUSBAND OR WIFE <u>Lula Sutton</u>
17. INFORMANT <u>Madys Sims Lubbock TEX</u>			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebral hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
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) <u>Senility</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year			
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	COUNTY STATE
21. I attended the deceased from <u>8-2-61</u> to <u>8-7-61</u> and last saw <sup>her</sup> <del>him</del> alive on <u>8-6-61</u> Death occurred at _____ p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E.E. Feind M.D.</u>		22b. ADDRESS <u>Rolla MO</u>	22c. DATE SIGNED <u>8-11-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-10-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pine Lawn Cemetery</u>	23d. LOCATION (City, town, or county) <u>Houston MO</u>
24. FUNERAL DIRECTOR <u>L.F. EVANS Houston, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 21, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 STEPHEN E ATKISSON, Student Embalmer No. 638

working under my personal supervision.

Student Stephen E. Atkisson Signed Lowell C. Craig  
Signature of Student Embalmer

Licensed Embalmer No. 4766

P. O. Address Maple Grove

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.