

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-044526**

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 162

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED DEC 5 1963</b>	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Jefferson</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joachim Twp.</u> Length of stay in 1b <u>1 day</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jefferson Memorial Hosp.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u></p> <p>c. CITY OR TOWN <u>Festus</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>Route # 1</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <u>Edd</u> Middle <u>----</u> Last <u>Sutton</u></p>	
<p>4. DATE OF DEATH Month <u>Nov.</u> Day <u>30</u> Year <u>1963</u></p>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 31, 1888</u>
9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>
11. BIRTHPLACE (City and state or country) <u>Iron County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Sutton</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Campbelle</u>
14. NAME OF HUSBAND OR WIFE <u>Margaret Sutton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>[Redacted]</u>
17. INFORMANT <u>Mrs. Belle Hillis, Mill Springs, Mo.</u>	Address <u>[Redacted]</u>
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Cardiovascular disease</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>---</u></p> <p>DUE TO (c) <u>---</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>---</u></p> <p>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</p>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>---</u> a.m. <u>---</u> p.m. <u>---</u>	Month, Day, Year <u>---</u>
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.) <u>---</u>
20f. CITY, TOWN, OR LOCATION <u>---</u> COUNTY <u>---</u> STATE <u>---</u>	
21. I attended the deceased from <u>Jan 14, 1963</u> to <u>Nov 30, 1963</u> and last saw her/him alive on <u>Nov 30, 1963</u>	
Death occurred at <u>---</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>---</u>	22b. ADDRESS <u>Festus Mo</u>
22c. DATE SIGNED <u>12/2/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 2, 1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Griffin Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Rush Tower, Missouri</u>	
24. FUNERAL DIRECTOR <u>Vinyard Funeral Home, Inc., Festus, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-2-63</u>
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 LEROY T. LUCAS, Student Embalmer No. 697

working under my personal supervision.

Student

Leroy T. Lucas  
Signature of Student Embalmer

Signed

Walter B. Vinyard

Licensed Embalmer No. 4976

P. O. Address

Festus, 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.