

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-045043**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 374 Primary Registration District No. 6027 Registrar's No. 189

FILED DEC 3 1963

VS 300  
Rev. 4/59

10900  
20900

3 2

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12 90-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Reynolds</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Corridon</u>   |   | Length of stay in 1b <u>16 years</u>   | c. CITY OR TOWN <u>Corridon</u>                                    |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>own home</u>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>Corridon</u>      |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Charles</u> Middle <u>Edward</u> Last <u>Sutterfield</u>  |   | 4. DATE OF DEATH<br>Month <u>Nov</u> Day <u>16</u> Year <u>1963</u>  |  |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</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>5-7-1885</u>                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>  | 11. BIRTHPLACE (City and state or country) <u>West Fork, Mo.</u>   |
| 13a. FATHER'S NAME <u>George Sutterfield</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Linnie Cropland</u>   | 14. NAME OF HUSBAND OR WIFE <u>Lula Sutterfield (Dec)</u>          |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>No</u> )   |   | 16. SOCIAL SECURITY NO.  | 17. INFORMANT Address <u>E. E. Sutterfield St. Louis, Mo.</u>      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u><br>DUE TO (b) <u>Arteriosclerotic Heart Disease</u><br>DUE TO (c) <u>Had cut coronary part. Block 2 yrs ago.</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u><br><u>10 yrs</u>    |
| 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   | 20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE                          |
| 21. I attended the deceased from <u>1950</u> to <u>Nov 14/63</u> and last saw her <u>live</u> on <u>Nov 14/63</u><br>Death occurred at <u>2:00 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |  |
| 22a. SIGNATURE (Degree or title) <u>Kenneth T. Carter M.D.</u>  |   | 22b. ADDRESS <u>Ellington Mo</u>   | 22c. DATE SIGNED <u>Nov 21/63</u>                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>11-18-63</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Sutterfield Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>West Fork Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Pewitt Funeral Home Ellington, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG. <u>Nov 27/1963</u>  | 26. REGISTRAR'S SIGNATURE <u>Edna Jarvis</u>                       |

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chas L. Smith

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.