

CERTIFICATE OF DEATH

FILED

FEB 26 1973

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 13

DO NOT WRITE ON THIS STUB

VS 300
Rev. 11/72

7b-c. 0730
7d. 10236
8. 29
14a. 29
14b. 009
14c. 07302
14e. 035
23/1008980
26a. 3
18. U4123
18-S.1.
18-S.2.
20a-f.
20g-St.
20g-Co.
20g-Cy.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST 1. TRESSIE CHLOE SUTTLES		SEX 2. Fe.	DATE OF DEATH (MONTH, DAY, YEAR) 3. Feb. 18, 1973
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 73	UNDER 1 YEAR 5b. MOS. 5c. DAYS	UNDER 1 DAY 5d. HOURS 5e. MIN.
CITY, TOWN, OR LOCATION OF DEATH 7a. Cassville		DATE OF BIRTH (MONTH, DAY, YEAR) 6. Dec. 28, 1899	
HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. So. Barry Co. Hospital		COUNTY OF DEATH 7c. Barry	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed	
CITIZEN OF WHAT COUNTRY 9. USA		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.	
SOCIAL SECURITY NUMBER 1431-80-6537		KIND OF BUSINESS OR INDUSTRY 13b. Home	
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Homekeeper		KIND OF BUSINESS OR INDUSTRY 13b. Home	
RESIDENCE—STATE 14a. Mo.	COUNTY 14b. Barry	CITY, TOWN, OR LOCATION, ZIP CODE 14c. Cassville 65625	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. no
FATHER—NAME FIRST MIDDLE LAST 15. Calvin C. Wall		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Nettie Allen	
INFORMANT—NAME 17a. Wilma Wagner		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Rt. 1, Cassville, Mo. 65625	
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) Acute Pulmonary Edema DUPLICATE, OR AS A CONSEQUENCE OF: (b) Chronic Congestive Heart Failure DUPLICATE, OR AS A CONSEQUENCE OF: (c) Arteriosclerotic Heart Disease			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 2 yrs. Unknown
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Acute Viral Upper Respiratory Infection			ATOPSY (YES OR NO) 19a. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS? 20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LMK
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM 2-3-73 TO 2-18-73	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. 2-17-73	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. Did not	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 3:25A
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.			
CERTIFIER—NAME (TYPE OR PRINT) 23a. Vance E. Cridling, D.O.	MO. LICENSE NO. 23b. 8980	SIGNATURE 23c. Vance E. Cridling, D.O.	DEGREE OF TITLE 23d. 2/20/73
MAILING ADDRESS—CERTIFIER 23e. P.O. Box 548		STREET OR R.F.D. NO. 23f. Cassville, Missouri	STATE 23g. Missouri
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. McGuire Cemetery	LOCATION 24c. Viola, Missouri
DATE (MONTH, DAY, YEAR) 24d. Feb. 20, 1973		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Williamson 1303 Main, Cassville, Mo. 65625	
FUNERAL DIRECTOR—SIGNATURE 25a. W. Williamson	REG. NO. 25b. 348	REGISTRAR—SIGNATURE 25c. Mildred Ware	DATE RECEIVED BY LOCAL REGISTRAR 25d. Feb 22, 1973

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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FEB 19 1973

10 11

MAR 1 1973

Funeral permit obtained 2-19-73 pm

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 *Raymond Williamson*
Cassette, Mo

Licensed Embalmer No. 4483

P. O. Address Cassette, 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.