

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0022496

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6132 Registrar's No. 318

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1010

2 1610

3

4 0

5 1

6

7 0

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9 420.1

10

11

12 9-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moore		Length of stay in 1b 20 yrs	c. CITY OR TOWN Bunker Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt 4 Box 36 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Homer Middle E Last Sutton			4. DATE OF DEATH Month May Day 26 Year 1966
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-21-04
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY x	9. AGE (last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Shannon Co Mo		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Obijoh Sutton		13b. MOTHER'S MAIDEN NAME Mary Botkin	
14. NAME OF HUSBAND OR WIFE Lillian A Sutton		17. INFORMANT Address Mrs Homer E Sutton Bunker Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486 14 3562	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary thrombosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 5 min 7 min
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. <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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at 7:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Denton Wilson, D.O. - Coronet		22b. ADDRESS Eminence, Mo.	
22c. DATE SIGNED 6-2-66		22d. PLACE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-30-66	23c. NAME OF CEMETERY OR CREMATORY Polk Cem	23d. LOCATION (City, town, or county) (State) Shannon Co Mo
24. FUNERAL DIRECTOR Spencer Funeral Home Inc		25. DATE RECD. BY LOCAL REG. June 6 1966	26. REGISTRAR'S SIGNATURE Frank J. [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

JUN 6 1966

interior in [unclear] [unclear]

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 Carl H. Spencer

Licensed Embalmer No. 2370

20-18-2000 [unclear]
P. O. Address Salina 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.