# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 49 STATE FILE NUMBER 0021793

DO NOnot WRITE ON THIS STUB — AMENDED — JUN FILED 09 64

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

**1. PLACE OF DEATH**

a. COUNTY: Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Dexter

Length of stay in 1b:

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence — Inside Limits: Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Stoddard

c. CITY OR TOWN: Dexter — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 42 Hickory Hills Drive — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First: John Middle: Allen Last: Sutterfield

**4. DATE OF DEATH**: Month: May Day: 30, Year: 1964

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7.** Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

**8. DATE OF BIRTH**: 12-20-1877

**9. AGE** (last birthday): 86

IF UNDER 1 YEAR: Months: 5 Days: 10 — IF UNDER 24 HR: Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Architect

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and state or country): West Fork, Missouri

**12. CITIZEN OF WHAT COUNTRY**: U. S. A.

**13a. FATHER'S NAME**: W. P. Sutterfield

**13b. MOTHER'S MAIDEN NAME**: Julia Ann Wallen

**14. NAME OF HUSBAND OR WIFE**: Anne Sutterfield

**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.**: 496-22-3369

**17. INFORMANT** Address: Mrs. Anne Sutterfield, Dexter, Mo.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Medullary failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO (c):

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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ SUICIDE ☐ HOMICIDE ☐

**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 ☐ NOT WHILE AT WORK ☐

**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 8/26/63 to 5/29/64 and last saw ~~her~~ him alive on 5/27/64

Death occurred at 3:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Benjamin A. Lemen M.D.

**22b. ADDRESS**: 112 S. Walnut, Dexter, Mo.

**22c. DATE SIGNED**: 6/5/64

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: 6-1-64

**23c. NAME OF CEMETERY OR CREMATORY**: Dexter

**23d. LOCATION** (City, town, or county) (State): Dexter, Missouri

**24. FUNERAL DIRECTOR** ADDRESS: Rainey Funeral Home, Dexter, Mo.

**25. DATE RECD. BY LOCAL REG.**: 6-5-64

**26. REGISTRAR'S SIGNATURE**: Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

**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 Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Dexter, 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.