

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0008777

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1936

FILED MAR 3 1966

VS 300
Rev. 4/591
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>St. Francois</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MISSOURI</i>		c. CITY OR TOWN <i>FARMINGTON</i>	
Length of stay in 1b <i>39 days</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>		d. STREET ADDRESS (If outside, give location) <i>618 1/2 St</i>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <i>ETHEL EDNA SUTTON</i>		4. DATE OF DEATH Month Day Year <i>February 22 1966</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-4-1918</i>
9. AGE (last birthday) <i>47</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
11. BIRTHPLACE (City and state or country) <i>Hogans, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Thomas A Spangler</i>		13b. MOTHER'S MAIDEN NAME <i>Rosa Webb</i>	
14. NAME OF HUSBAND OR WIFE <i>Delbert G Sutton</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>UNK</i>	
17. INFORMANT <i>Delbert G. Sutton, (see #2)</i>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic myelogenous leukemia</i> DUE TO (b) <i>204.1</i> DUE TO (c) <i>204.1</i> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 a.m. p.m. Month, Day, Year	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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>9/6/60</i> to <i>2/22/66</i> and last saw her <i>xxx</i> alive on <i>2/22/66</i> Death occurred at <i>9:50 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. D. Vermillion, M.D.</i>		22b. ADDRESS <i>BARNES HOSPITAL</i>	
22c. DATE SIGNED <i>2/23/66</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2-25-66</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Hillview Memorial</i>	23d. LOCATION (City, town, or county) (State) <i>Farmington, Mo</i>
24. FUNERAL DIRECTOR <i>COZEN FUNERAL Home, Farmington</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 23 1966</i>	
26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

(Licensed Embelmer's Statement on Reverse Side)