

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17738

4652

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____			
b. CITY OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY OR TOWN <u>ST. Louis</u>		6-11 17					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>24 = 2858 9 So. Jefferson</u>				70			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>Osby</u>		c. (Last) <u>Sutton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 26, 1949</u>				
5. SEX <u>M O</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 3, 1891</u>		9. AGE (In years last birthday) <u>57</u> 10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk Helper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>ST. Louis Mounting & Finishing Co.</u>			11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Marion Sutton</u>			13b. MOTHER'S MAIDEN NAME <u>Bates</u>			14. NAME OF HUSBAND OR WIFE <u>May Sutton</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>HARRY H. SUTTON</u>		ADDRESS <u>2858 So. Jefferson</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>							
				DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) <u>9201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4227</u>							
22. I hereby certify that I attended the deceased from <u>May 23, 1949</u> , to <u>May 26, 1949</u> , that I last saw the deceased alive on <u>May 23, 1949</u> , and that death occurred at <u>12¹⁵ p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Lucie B. Kane M.D.</u>				23b. ADDRESS <u>706 Walton</u>				23c. DATE SIGNED <u>5-26-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Pocahontas, Arkansas</u>					
DATE REC'D BY LOCAL HEALTH DEPT. <u>MAY 27 1949</u>		REGISTRAR'S SIGNATURE <u>J. J. Bradley</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Witt Bros. L. & H. Co. 2929 So. Jefferson Ave.</u>							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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(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.

Signed _____



Signed _____

Student Embalmer

Licensed Embalmer No. 3744

P. O. Address 292 9th St. S. S. S.

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 this body is not embalmed, fact should be so stated above.