

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18711

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

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>734</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Buchanan</u>		b. CITY OR TOWN <u>St Joseph</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Atchison</u>	
c. LENGTH OF STAY (In this place) <u>29 days</u>		c. CITY OR TOWN <u>Rockport</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Hattie</u>	b. (Middle) <u>D.</u>	c. (Last) <u>Sutton</u>	(Month) <u>June</u>	(Day) <u>28</u>	(Year) <u>1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 9. 1868</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
					Months <u>9</u>	Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Not known</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u>		ADDRESS <u>St. Joseph</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Hypostatic Pneumonia</u>				<u>2 days</u>	
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>					
		DUE TO (b) <u>Brain hemorrhage</u>				<u>1 week</u>	
		DUE TO (c) <u>arteriosclerosis</u>				<u>10 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS				<u>331X</u>	
		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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 20, 1949</u> , to <u>June 28, 1949</u> , that I last saw the deceased alive on <u>June 28, 1949</u> , and that death occurred at <u>1:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>State Hospital #2, St. Joseph</u>		23c. DATE SIGNED <u>6/28/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rockport</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 7, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>10th St. Joseph Mo.</u>	
(Licensed Embalmer's Statement on Reverse Side) <u>None</u>							

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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 \_\_\_\_\_

*Eugene Wood*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *319 S. 10th, St. Joseph, 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 this body is not embalmed, fact should be so stated above.