

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9994

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6026 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Carrol</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Carrol</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. north of Centerville</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi. north of Centerville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Sutton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 14 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 4 1874</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR <u>9</u> Months	IF UNDER 2 HRS. <u>10</u> Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Arcadia Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Cornelius Sutton</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Spangler</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Barton Sutton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elizabeth Eudy, Lowndes Mo.</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>Carcinoma of the bowels</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/>		153X	
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>December 19 44</u> , to <u>MARCH</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>MAR 11</u> , 19 <u>50</u> , and that death occurred at <u>9:20 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. M. White, M.D.</u>		23b. ADDRESS <u>Centerville Mo</u>	23c. DATE SIGNED <u>3/17/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centerville</u>
24d. LOCATION (City, town, or county) (State) <u>Centerville Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White, Funeral Home, Centerville Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/17/50</u>		REGISTRAR'S SIGNATURE <u>E. M. White</u>	

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

RECEIVED 3-22-50
District Health Officer No. 5,
District No. Number 350187
Date Filed 3-24-50

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
Student Embalmer

Signed Lucas J. White

Licensed Embalmer No. 3012

P. O. Address Quinton, S.C.

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.