

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9052

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>			c. LENGTH OF STAY (In this place) <u>2 1/2</u> days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> <u>0493</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1003 Clinton St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>REGINALD</u>			b. (Middle) <u>WILLOUGHBY</u>		c. (Last) <u>SUTTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1951</u>
5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> <u>1</u>		8. DATE OF BIRTH <u>June 12, 1896</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>clothing</u>		11. BIRTHPLACE (State or foreign country) <u>Osborne, Nebraska</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>A. T. Sutton</u>			13b. MOTHER'S MAIDEN NAME <u>Jane ?</u>		14. NAME OF HUSBAND OR WIFE <u>Inez Utter Sutton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W. W. I</u>		16. SOCIAL SECURITY NO. <u>490-10-2294</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R.W. Sutton</u>			ADDRESS <u>1003 Clinton, Carthage, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carbon monoxide poisoning + smoke</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Manic-depressive psychosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>47 hrs</u> <u>55 hrs</u> <u>5 mo.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Manic-depressive psychosis</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Carthage, Jasper, Mo</u> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar. 24, 1951 3:45 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Explosion, fire + poisoning from escaping gas</u>			
22. I hereby certify that I attended the deceased from <u>June 13, 1950</u> , to <u>Mar 26, 1951</u> , that I last saw the deceased alive on <u>Mar 26, 1951</u> , and that death occurred at <u>10:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. Foster Whitten M.D.</u> (Degree or title)				23b. ADDRESS <u>Carthage, Mo.</u>		23c. DATE SIGNED <u>3/27/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-29-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-29-51</u>		REGISTRAR'S SIGNATURE <u>L.B. Clinton, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED 4-3-51
Jasper County Health Office

County File Number 51/3/284
Date Filed 4-3-51

APR 28 1951
APR 7 1951

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 Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.