

FILED JUL 6 - 1951

STANDARD CERTIFICATE OF DEATH

State File No. **20622**

BIRTH NO. _____ REG. DIST. NO. **169** PRIMARY REG. DIST. NO. **4258** Registrar's No. **29**

1. PLACE OF DEATH
 a. COUNTY **Knox**
 b. CITY (If outside corporate limits, write RURAL and give town) **Edina**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Gibson Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Knox**
 c. CITY (If outside corporate limits, write RURAL and give township) **Edina**
 d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
 a. (First) **Koss** b. (Middle) **Musgrove** c. (Last) **Sutton**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
June - 22 - 1951

5. SEX **M**
6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Never Married

8. DATE OF BIRTH
May - 25 - 1878

9. AGE (In years last birthday) **73**
 if UNDER 1 YEAR: **0** Months
 if UNDER 1 YEAR: **28** Days
 if UNDER 1 HRS. **0** Hours **0** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired

10b. KIND OF BUSINESS OR INDUSTRY
Farmer

11. BIRTHPLACE (State or foreign country)
Knox County, Missouri.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Isaac B. Sutton

13b. MOTHER'S MAIDEN NAME
Marie Thomas Sutton

14. NAME OF HUSBAND OR WIFE
None

15. WAS DECEASED EVER AN ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME **ADDRESS**
Everett Hayden **LaBelle, Missouri**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **3d degree Burns**
 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.
 INTERVAL BETWEEN ONSET AND DEATH
E 9160

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? **16**
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Edina Knox Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Pushed on coal

22. I hereby certify that I attended the deceased from **6/6**, 19**51**, to **6/22**, 19**51**, that I last saw the deceased alive on **6/22**, 19**51**, and that death occurred at **1:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE _____ (Degree or title)
23b. ADDRESS **Edina Mo.**

23c. DATE SIGNED
6/24-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
June-25-1951

24c. NAME OF CEMETERY OR CREMATORY
LaBelle

24d. LOCATION (City, town, or county) (State)
LaBelle, Missouri

DATE REC'D BY LOCAL REG. **June-26-1951**
REGISTRAR'S SIGNATURE **151**
Neil S. Dunlap

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**
Keith Hudson **Edina Mo.**

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

Date Received: ~~JUN 30~~ 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1173
Date Filed: JUL 3 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Keith Hudson

Signed.....
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina, Miss

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.