

FILED MAR 10 1952

STANDARD CERTIFICATE OF DEATH

4448
State File No.BIRTH NO. 3-8-52 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lockwood</u>			c. LENGTH OF STAY (in this place) <u>7</u> mo.	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lamar</u>			<u>0061</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mitchell Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>804 Grand</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Dutton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1952</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Nov. 3, 1875</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</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>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel F. Dutton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Guy Pettit</u> ADDRESS <u>Lamar, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 months</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 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>443X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>8-25-</u> , 19 <u>51</u> , to <u>2-12-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-12-</u> , 19 <u>52</u> and that death occurred at <u>8.0 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Max Heilbrunn M.D.</u> (Degree or title)				23b. ADDRESS <u>Lorbesood</u>		23c. DATE SIGNED <u>2-5-52</u>		
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		24b. DATE <u>3/7/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pennsboro, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-4-52</u>		REGISTRAR'S SIGNATURE <u>Geo. J. Meder 79</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home</u> ADDRESS <u>Lamar, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

2904

7367 1

1878

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 Clarence W. Ellis

Licensed Embalmer No. 3473

P. O. Address Lomas Md

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.