No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8462

FILED APR 2 1954

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5563 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Liberty
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 mi. SE of Arcadia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Liberty 0470 0
d. STREET ADDRESS (If rural, give location): 8 mi. SE of Arcadia

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): LEON
c. (Last): SUTTON

4. DATE OF DEATH (Month) (Day) (Year): Mar. 25 1954

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0

8. DATE OF BIRTH: Mar 2 1944

9. AGE (In years last birthday): 10 — If under 1 year: Months 0, Days 23; If under 24 hrs.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: public school

11. BIRTHPLACE (City and State or Foreign Country): Ironton, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Leon Sutton

13b. MOTHER'S MAIDEN NAME: Hazel Sutterfield

14. NAME OF HUSBAND OR WIFE: ##

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Leon Sutton, Arcadia Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Broken Neck

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 047

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

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

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Arcadia Iron Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 25 54 4 P

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Loading Chute Fell on Body

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 P. m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Howell 3 (Degree or title): Coroner

23b. ADDRESS: Ironton Mo

23c. DATE SIGNED: 3/27/54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 3-28-54

24c. NAME OF CEMETERY OR CREMATORY: Arcadia Valley Memorial Park

24d. LOCATION (City, town, or county) (State): Ironton Mo.

DATE REC'D BY LOCAL REG.: 3-31-54

REGISTRAR'S SIGNATURE: Mrs Avis Jones 128 0

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: White Funeral Home, Ironton Mo. Carl E. White

(Licensed Embalmer's Statement on Reverse Side)

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 Ansel J. White

Licensed Embalmer No. 3012

P. O. Address Thurston Neb.

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.