

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11930**

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5554</u>		Registrar's No. <u>47</u>					
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pottersville</u>		c. LENGTH OF STAY (in this place) <u>13 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pottersville</u>		<u>0460</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X RURAL X</u>				d. STREET ADDRESS (If rural, give location) <u>RFD</u>							
3. NAME OF DECEASED (Type or Print) <u>WARREN MONTGOMERY SUTTON</u>			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH <u>4-2-54</u>			(Month)		(Day)		(Year)				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>12-31-1866</u>		9. AGE (In years last birthday) <u>87</u>			
						IF UNDER 1 YEAR		IF UNDER 24 HRS.			
						Months <u>3</u>		Days <u>1</u>			
						Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>ROMULUS, N. Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>W. M. SUTTON</u>			13b. MOTHER'S MAIDEN NAME <u>? WILCOXSON</u>			14. NAME OF HUSBAND OR WIFE <u>MAZY TRUMP SUTTON</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>			16. SOCIAL SECURITY NO. <u>X</u>			17. INFORMANT'S SIGNATURE OR NAME <u>MRS. W. M. SUTTON, POTTERSVILLE, MO</u>			ADDRESS		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular Accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 Month</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertension, Essential</u>			
				DUE TO (c) <u>Senility</u>							
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			<u>331 X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from <u>1-23, 1953</u> , to <u>4-1, 1954</u> , that I last saw the deceased alive on <u>4-1, 1954</u> , and that death occurred at <u>12:45 pm</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Jack D. Wiles, M.D., West Plains, Mo.</u>						23b. ADDRESS _____			23c. DATE SIGNED <u>4-6-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>4-3-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK MOUND</u>		24d. LOCATION (City, town, or county) (State) <u>POTTERSVILLE, MISSOURI</u>					
DATE REC'D BY LOCAL REG. <u>4-23-54</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>ROBERTSONS, WEST PLAINS, MO</u>		ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

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

D. A. Roberts

Licensed Embalmer No. *34377*

P. O. Address *West Plains*

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.