

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30857

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4250</u>			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) township) 20 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hospital				STREET ADDRESS (If rural, give location) 3433 Campbell				2509	
3. NAME OF DECEASED (Type or Print) a. (First) SCOTT		b. (Middle) G.		c. (Last) SUTTON		4. DATE OF DEATH (Month) (Day) (Year) S ept 11, 1954			
5. SEX M	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10, 1885		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Morris Grain Co		11. BIRTHPLACE (City and State or Foreign Country) Chesterfield, Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Wm Sutton		13b. MOTHER'S MAIDEN NAME. Ellen Goddard Godair		14. NAME OF HUSBAND OR WIFE Matilda C. Sutton					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-24-4022		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Matilda Sutton, 3433 Campbell					
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					INTERVAL BETWEEN ONSET AND DEATH 2 2 hrs.		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suspected aneurysm of Aorta							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					451 1/2		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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)					
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>9/10</u> , 19 <u>54</u> , to <u>9/11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/4</u> , 19 <u>54</u> , and that death occurred at <u>A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C.B. Schutz				23b. ADDRESS 330 W 47th St.		23c. DATE SIGNED 9/11/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept 12, 1954	24c. NAME OF CEMETERY OR CREMATORY Gumbo, Mo		24d. LOCATION (City, town, or county) (State) Clayton, Mo				
DATE REC'D BY LOCAL REG. 9-11-54		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, K C, Mo					

(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 Arvan Miller, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur E. Hook

Licensed Embalmer No. 4910
P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.