

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38112

State File No.

FILED NOV 17 1954

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY Morgan

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 township) OR TOWN Versailles, c. LENGTH OF STAY (In this place) 1 hr

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Gunn Clinic

e. STREET ADDRESS (If rural, give location) 4323 Campbell

3. NAME OF DECEASED (Type or Print) a. (First) Emmett b. (Middle) Lee c. (Last) Sutton

4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1954

5. SEX Male 6. COLOR OR RACE White

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

8. DATE OF BIRTH Mar. 14, 1926

9. AGE (In years) (Month) (Day) 28 7 19 IF UNDER 1 YEAR IF UNDER 1 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Morgan Co., Mo.

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

13a. FATHER'S NAME Frank Sutton

13b. MOTHER'S MAIDEN NAME Addie Smith

14. NAME OF HUSBAND OR WIFE Geardine Sutton

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

16. SOCIAL SECURITY NO. 496-26-0481

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geardine Sutton Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture with shock

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

DUE TO (b) _____

DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH
1 hour

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cervical spine fracture

1 hour

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION ES234 31

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.) Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Morgan Mo.
3 mi. So. of Versailles Milk Station

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 3 54 6³⁰ m.

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

21f. HOW DID INJURY OCCUR? Auto struck Bridge

22. I hereby certify that I attended the deceased from Nov. 3, 1954, to Nov 3, 1954, that I last saw the deceased alive on Nov 3, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack Gunn M.D.

23b. ADDRESS Versailles, Mo.

23c. DATE SIGNED 11-5-54

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

24b. DATE 6 Nov. 54

24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery

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

DATE REC'D BY LOCAL REG. 11-6-54

REGISTRAR'S SIGNATURE J. L. Washburn 214-

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. F. Kimmel Versailles, Mo.

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

02100

NOV 30

1917

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.....
Signature of Student Embalmer

Signed..... *Raymond C. Lorber*

Licensed Embalmer No. *4626*

P. O. Address *Verona*

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.