

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7350**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **280**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 35 yrs.	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 217 Virginia Street		e. STREET ADDRESS (If rural, give location) 217 Virginia Street	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) E.	c. (Last) SUTTON	4. DATE OF DEATH (Month) (Day) (Year) March 11, 1955
-------------------------------------	------------------------	-----------------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH May 17, 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Hog Buyer	10b. KIND OF BUSINESS OR INDUSTRY Live Stock Comm. Co.	11. BIRTHPLACE (City and State or Foreign Country) Davies County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	--

13a. FATHER'S NAME Joseph Sutton	13b. MOTHER'S MAIDEN NAME Harriett Meeks	14. NAME OF HUSBAND OR WIFE Ina Sutton
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY # 486-09-4608A	17. INFORMANT'S SIGNATURE OR NAME Mrs. Raymond Smith, 6203 So. 9th St., City	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH short
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Age 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 4201	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 AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **Jan 15**, 19**53**, to **Mar 11**, 19**55**, that I last saw the deceased alive on **Mar 11**, 19**55**, and that death occurred at **7:00P** m., from the causes and on the date stated above.

23a. SIGNATURE Lester Beck, M.D.	(Degree or title)	23b. ADDRESS 1518 No. 3rd St., St. Joseph, Mo.	23c. DATE SIGNED 3/17/55
--	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 13, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Ayr Cemetery	24d. LOCATION (City, town, or county) (State) Altamont, Missouri
--	----------------------------------	---	--

DATE REC'D BY LOCAL REG. March 18, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Earl A. Clark	ADDRESS St. Joseph, Mo.
---	---	-----	--	-----------------------------------

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.....
Signature of Student Embalmer

Signed.....
Earl A. Clark

Licensed Embalmer No....*42*

P. O. Address...*St. Joseph,*

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.