

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

581

FILED JAN 25 1956

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5199 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If not in incorporated town, write name of rural and give township) OR TOWN <u>BOGARD</u>		c. CITY OR TOWN <u>Bogard</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>LIFE</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL 3 1/2 MILES north Bogard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u> (not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORA</u>	b. (Middle) <u>(no)</u>	c. (Last) <u>SUTTON.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 8 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>	8. DATE OF BIRTH <u>AUG. 26. 1890</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>65 4 12</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER.</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Trotter town CARROLL - MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>DANIEL Sutton.</u>	13b. MOTHER'S MAIDEN NAME <u>LAURA Pendergraft</u>	14. NAME OF HUSBAND OR WIFE <u>MARY D. Sutton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS MARY D. Sutton.</u>	ADDRESS <u>Bogard, Mo</u>
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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) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Apoplexy</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bogard CARROLL MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Russ Dickerson Coroner</u>	23b. ADDRESS <u>Bogard Mo</u>	23c. DATE SIGNED <u>1-9-1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-10-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>POWELL</u>	24d. LOCATION (City, town, or county) (State) <u>CARROLLTON MO.</u>
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DATE REC'D BY LOCAL REG. <u>1-10-56</u>	REGISTRAR'S SIGNATURE <u>Mr. Nestor Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dickerson FUNERAL HOME</u>	ADDRESS <u>Bogard Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*Wm Marshall J.*

Licensed Embalmer No. *44*

P. O. Address.....  
*Carrollton*

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.