

8043

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10-48

FILED APR 16 1956

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>123</u>	
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDREW</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>		c. LENGTH OF STAY (in this place) <u>19 DAYS</u>		c. CITY OR TOWN <u>FILLMORE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ELLIS FISCHER STATE CANCER HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>ROUTE #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>BRECKENRIDGE</u> c. (Last) <u>DUTTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 8 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>12-5-1871</u>	
9. AGE (In years last birthday) <u>84</u>		10. UNDER 1 YEAR <u>9</u>		11. UNDER 12 HRS. <u>3</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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 _____			11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON COUNTY VIRGINIA</u>	
13a. FATHER'S NAME <u>JAMES DUTTON</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORDS</u> ADDRESS _____	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Solus pneumonia, et.</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>post-operative</u> 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 <u>3-26-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of rectum 154x</u>					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) _____		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>3-19</u> , 19 <u>56</u> , to <u>4-8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-8</u> , 19 <u>56</u> , and that death occurred at <u>6:55 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. D. Rodes M.D.</u>				23b. ADDRESS <u>Ellis Fischer State Cancer Hosp</u>		23c. DATE SIGNED <u>4-8-56</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-8-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Mo</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>Apr 8 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Farker Funeral Service</u> ADDRESS <u>Clamby Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

31-0

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.....
Licensed Embalmer No. 489
P. O. Address Columbus

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.