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FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15272

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 60

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Stoddard
c. CITY OR TOWN: Essex
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): R.7.D.3

3. NAME OF DECEASED (Type or Print): a. (First) Doyle b. (Middle) Ellis c. (Last) Sutton

4. DATE OF DEATH (Month) 4 (Day) 10 (Year) 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 13, 1938
9. AGE (In years last birthday): 18 — 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): Student
10b. KIND OF BUSINESS OR INDUSTRY: ____
11. BIRTHPLACE (City and State or Foreign Country): Matthews, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Sutton
13b. MOTHER'S MAIDEN NAME: Selma Rushing
14. NAME OF HUSBAND OR WIFE: ____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ____ (If yes, give war or dates of service) ____
16. SOCIAL SECURITY NO.: ____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: William Sutton - Essex, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull and other internal injuries — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ____
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:
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 #60
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Richland Twp. 123 Stoddard, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 10, 1956 11:30 A.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile accident

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* 11:30 A. *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray W. Rainey Coroner 2
23b. ADDRESS: Dexter, Missouri
23c. DATE SIGNED: 4-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-12-1956
24c. NAME OF CEMETERY OR CREMATORY: Garden of Memories
24d. LOCATION (City, town, or county) (State): Sikeston, Mo.

DATE REC'D BY LOCAL REG.: 4-20-56
REGISTRAR'S SIGNATURE: Lois E. Mooney
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albritton Funeral Home - Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 6 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. E. McMake.....

Licensed Embalmer No. 46

P. O. Address Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.