

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28046**

FILED AUG 21 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 283

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Francois Twp.</u>		c. CITY OR TOWN <u>Caruthersville</u>	
c. LENGTH OF STAY (In this place) <u>12Y; 11M; 11D</u>		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 <u>State Hospital No. 4</u>		e. STREET ADDRESS (If rural, give location) <u>East 7th Street.</u> 0187	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRISTIE</u> b. (Middle) <u>SUTTON</u> c. (Last) <u>SUTTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 7, 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 23, 1869</u>
9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 YEAR Days <u>14</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Hiram Parks</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Ann Gilstrap</u>		14. NAME OF HUSBAND OR WIFE <u>Larmer Sutton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		15 yrs.	
DUE TO (c) <u>Senile psychosis.</u>			
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 <u>304X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mental Hospt. ward</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Francois Twp. St. Francois Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-24-56 at 6:25p.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>bathroom on the</u> <u>Fell from toilet stool in/ ward.</u>	
22. I hereby certify that I attended the deceased from <u>April 25, 1956</u> , to <u>August 7, 1956</u> , that I last saw the deceased alive on <u>August 7, 1956</u> , and that death occurred at <u>4:05p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Brennan, M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>No. 8-8-56.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Byrial</u>	24b. DATE <u>Aug. 9, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blytheville, Arkansas</u>
DATE REC'D BY LOCAL REG. <u>Aug. 8, 1956</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>The Howard Funeral Home, Blytheville, Ark.</u> ADDRESS	

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.....
C. A. Cozeman

Licensed Embalmer No. *4089*

P. O. Address *Farmington*

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.