

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40325

FILED NOV 20 1956

State File No.

BIRTH NO.		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>6148</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write BURIAL and give OR TOWN <u>Bloomfield</u> <i>Caster Township</i>)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Dexter</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 HOSPITAL OR INSTITUTION <u>County Home</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. #3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Sutton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 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>Nov. 27, 1870</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired house-keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francisville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Elijah M. Jett</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Dart</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert Thrower, Dexter, 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>CEREBRAL HEMORRHAGE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u>						<u>YRS.</u>
	DUE TO (c) <u>ARTERIOSCLEROSIS</u>						<u>"</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SENILITY</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331.X</u>				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) (m.)		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>1-16, 1956</u> , to <u>11-5, 1956</u> that I last saw the deceased alive on <u>11-5, 1956</u> , and that death occurred at <u>12:45 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Bloomfield</u>		23c. DATE SIGNED <u>11-9-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-7-56</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Caroline Dowdy</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D. #3, Dexter, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-12-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey Dexter, Mo.</u>			

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 *Lucille Rainey*.....

Licensed Embalmer No. *98*.....

P. O. Address *Depto. 1*.....

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.