

Health, Welfare, Public Service

FILED APR 2 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009214  
STATE FILE NUMBER

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 1379

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Renov</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hutchinson</b> <b>8150</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4422 Vivion Road</b>		Length of stay in lb <b>2 Weeks</b>	d. STREET ADDRESS (If outside, give location) <b>508 North Walnut</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>FRANK</b> Last <b>SUTTON</b>			4. DATE OF DEATH Month <b>March</b> Day <b>15</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 21, 1879</b>	9. AGE (In years) <b>78</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>John Sutton</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Westfall</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Mae Sutton</b>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>509-20-8093</b>	17. INFORMANT <b>Earl Sutton, 4422 Sutton Road, Kansas City</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary sclerosis &amp; insufficiency.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>one year</b>
DUE TO (b) <b>Arteriosclerosis generalized.</b>		
DUE TO (c) _____		<b>10 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Hutchinson</b>	COUNTY <b>Ks</b>	STATE <b>Ks</b>
21. I attended the deceased from <b>February 23, 1958</b> to <b>March 2, 1958</b> and last saw <sup>him</sup> alive on <b>March 2, 1958</b> Death occurred at <b>5:00 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>Reflexive</b>	(Degree or title) <b>MD</b>	22b. ADDRESS <b>415 West 2nd Hutchinson Ks</b>	22c. DATE SIGNED <b>3-26-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>March 15, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY _____	23d. LOCATION (City, town, or country) (State) <b>Hutchinson Kansas</b>

24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, Kansas City, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3-16-58</b>	26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Robert Fertle

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2

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 *Chester E. Brown* .....

Licensed Embalmer No. *4931* .....

P. O. Address *KC MO* .....

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.