

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030340

STATE FILE NUMBER

FILED AUG 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7620

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY Oklahoma	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN Oklahoma City 63508	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Frisco Employees INSTITUTION Hospital		d. STREET ADDRESS (If outside, give location) 230 S. E. 21st St.	
3. NAME OF DECEASED (Type or print) First STEPHAN Middle E B. Last DUTTON		4. DATE OF DEATH Month 8 Day 5 Year 58	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coach Cleaner		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Texas 1
13a. FATHER'S NAME James Dutton		13b. MOTHER'S MAIDEN NAME Mary A. Blackwell	14. NAME OF HUSBAND OR WIFE Sudie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Alvin C. Dutton
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pneumonia hypostatic DUE TO (b) Post operative Atelectasis DUE TO (c) 541.0		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) P.O. operative Bilary fistula following subtotal hysterectomy	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21. I attended the deceased from Death occurred at 11:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		21. CITY, TOWN, OR LOCATION St. Louis, Mo	
21a. SIGNATURE Louis Stephens (or title) Louis Stephens M.D.		22. ADDRESS Frisco Hosp. Frisco, Mo	
23a. BURN, CREMATION, REMOVAL (Specify) removal		23b. DATE 8-6-58	
23c. NAME OF CEMETERY OR CREMATORY Rest Haven		23d. LOCATION (City, town, or county) (State) Oklahoma City, Okla.	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. AUG 6 '58	
		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. m. 8.13.	

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
 Answer: Operative for Chl. re causing duodenal ulcer
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Wm B Bentley*
Licensed Embalmer No. *3857*

P. O. Address *St Louis 8 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.