Health, Welfare Public Service

300 C -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001698
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): JOPLIN — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. JOHN'S HOSP. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: OKLAHOMA b. COUNTY: OTTAWA
c. CITY OR TOWN: MIAMI — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 323 B - N.W. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: OLA Middle: SUTTON Last: BARNES

4. DATE OF DEATH: Month JANUARY Day 6, Year 1959

5. SEX: F 1

6. COLOR OR RACE: W

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH: APRIL 20, 1881

9. AGE (In years last birthday): 77 — 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): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (City and state or country): ILLINOIS 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM SUTTON

13b. MOTHER'S MAIDEN NAME: KIZZIE PERTEET

14. NAME OF HUSBAND OR WIFE: -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNK

17. INFORMANT: MRS. ARVILLA HARRIS, Address: MIAMI, OKLAHOMA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary embolus.	15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis.	?
DUE TO (c)	Diabetes mellitus.	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Ca of left breast. 260 XH

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 1

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 5, 1959, to January 6, 1959 and last saw her alive on 1-6-59
Death occurred at 4:45 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: 308 F.R.L. Bldg., Joplin, Mo.

22c. DATE SIGNED: 1-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 1-8-59

23c. NAME OF CEMETERY OR CREMATORY: G.A.R. CEMETERY,

23d. LOCATION (City, town, or county) (State): MIAMI, OKLAHOMA

24. FUNERAL DIRECTOR ADDRESS: COOPER FUNERAL HOME, MIAMI, OKLA.

25. DATE RECD. BY LOCAL REG.: 1-14-1959

26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

AUG 24 1959

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jefferson Me

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.