

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024190

STATE FILE NUMBER

FILED VS AUG 17 1959 042

Primary Registration District No. 1000

Registrar's No. 811

DED

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP St. Joseph		Length of stay in 1b 1 week		c. CITY OR TOWN Bendena		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. #1		
3. NAME OF DECEASED (Type or print) First ALTON Middle LEE Last DUTTON			4. DATE OF DEATH Month July Day 22 , Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/9/1884	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) White Cloud, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Dutton		13b. MOTHER'S MAIDEN NAME Virginia Breeding		14. NAME OF HUSBAND OR WIFE Mary L. Sell Dutton			
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. 503-36-9602		17. INFORMANT Address Mrs. Alton Lee Dutton, Bendena, Kan.			
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) Cerebral Hemorrhage						6 days	
DUE TO (b) Arteriosclerotic Hypertensive Cardiovascular Disease						2 years	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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. Month, Day, Year _____	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		COUNTY		STATE	
21. I attended the deceased from Sept. 11, 1954 to death and last saw him her alive on July 21, 1959 Death occurred at 5:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Emerson Yoder, M.D.			22b. ADDRESS Denton Kansas		22c. DATE SIGNED 7/22/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/24/1959	23c. NAME OF CEMETERY OR CREMATORY Iowa Point Cemetery		23d. LOCATION (City, town, or county) (State) Iowa Point, Kansas			
24. FUNERAL DIRECTOR Stanton Mortuary		ADDRESS Atchison, Kan.		25. DATE RECD. BY LOCAL REG. Aug. 12, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

DOCUMENT

MEDICAL CERTIFICATION
E. Yoder, M.D.

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Floyd E. Beckwith

Licensed Embalmer No. 5021

P. O. Address Atchison, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.