

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2

Registration District No. 1034

Primary Registration District No. 5547

Registrar's No. 2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Iron

(b) City or town rural, Liberty  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 87 years

3. (a) PRINT FULL NAME Jane Sutton 350

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Steven Sutton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 30, 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 1 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Iron County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Dunn

{ 13. Birthplace Iron County Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name unknown

{ 15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Vincent Sutton

(b) Address Chloride Missouri

17. (a) burial (b) Date thereof March 12-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Big Creek Cem Chloride Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) March 16, 1940 (b) Mrs. Julia Calvert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. East of Chloride 1 1/2 miles  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10  
year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 4, 1940, to March 10, 1940  
that I last saw her alive on March 5, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature C. M. Fitzpatrick (M. D. or other) 1

Address Peasterville Mo Date signed 3/14/40

**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

..... Registered Apprentice No.....

working under my personal supervision.

Signed

*Rued White*

Licensed Embalmer No.

*3012*

P. O. Address

*Newton Ave*

**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 this body is not embalmed, above space should be left blank.**