

FILED MAY 9 1944

State File No. ....

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Callaway  
 (b) City or town Fulton, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Callaway Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 34 Days  
 (Specify whether  
 In this community 34 Days  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
 (c) City or town # Montgomery City, Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. ....  
 (If rural, give location) 1  
 (e) Citizen of foreign country? 1 (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Bettie Dutton

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

4. Sex F / 5. Color or race W 6. (a) Single widowed, married, divorced 2

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased JK  
 (Month) (Day) (Year)

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

9. Birthplace Montgomery City, Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business.....

12. Name Steven Oliver

13. Birthplace Montgomery City, Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name No

15. Birthplace No 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Record of Callaway Hospital

(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof 4-25-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City, Mo.

19. (a) 4-22-44 (b) Joan M. Brantley  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
 year 1944 hour 3:00 minute P.M.

21. I hereby certify that I attended the deceased from 3-20- 1944 to 4-23- 1944  
 that I last saw or alive on 4-22- 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia 2 days

Due to Embryofungal infection of left hip 33 days

Due to.....  
 Other conditions Carcinoma vagina ?  
 (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 0701  
 (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?  
 While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature H. S. Heston (M.D. or other) MO  
 Address Mexico, Mo. Date signed 4-27-44

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-8-44.....

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 an 2nd 23d  
april 1944....., Registered Apprentice No.....  
working under my personal supervision.

Signed [Signature].....

Licensed Embalmer No. 17809.....

P. O. Address Mauntyney City.....

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, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

may  
148

Registration District No.

47

Primary Registration District No.

3008

Registrar's No.

1. PLACE OF DEATH:

(a) County Calloway  
(b) City or town Sutton  
(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  
In this community \_\_\_\_\_ years, months or days) (Specify whether

3. (a) PRINT FULL NAME

Bette Sutton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_

(Month)

(Day)

(Year)

8. AGE:

Years 74

Months

Days

If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_

(City, town, or county)

(State or foreign country) MO.

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_

(City, town, or county)

(State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_

(City, town, or county)

(State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_

(Burial, cremation, or removal)

(b) Date thereof \_\_\_\_\_

(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_

(Date received local registrar)

(b) \_\_\_\_\_

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 1944 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death terminal pneumonia

Duration

2 days

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

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

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

Major findings:

Of operations Intertrochanteric fracture of left hip

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) Accident

(b) Date of occurrence March 19, 1944

(c) Where did injury occur? Montgomery City, Montgomery Co., MO.

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

While at work? \_\_\_\_\_

(Specify type of place)

(e) Means of injury Waxed floor

23. Signature J. S. Ashheim, M.D.

Address Mexico, MO Date signed 5-18-44

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

SUPPLEMENTAL

14298

Hand of No. 10000  
No. 10000