

FILED APR 18 1949

STANDARD CERTIFICATE OF DEATH

State File No. 13414

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wayneville, Rural		c. LENGTH OF STAY (In this place) Lifetime	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wayneville Rural		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		

3. NAME OF DECEASED (Type or Print) a. (First) Savillia Antonia b. (Middle) c. (Last) Sutton			4. DATE OF DEATH (Month) (Day) (Year) Mar. 17 1949		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 28, 1880		9. AGE (In years last birthday) 68		10. MONTH 10	11. YEAR 15	12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cole County, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Nehemiah Payne		13b. MOTHER'S MAIDEN NAME Sara Jane Webb		14. NAME OF HUSBAND OR WIFE Dodson Sutton	
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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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dodson Sutton, Wayneville, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May, 1946, to Mar. 17, 1949, that I last saw the deceased alive on March 17, 1949, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. D. Alworth (Degree or title) D.O.		23b. ADDRESS Wayneville, Mo.		23c. DATE SIGNED 4-6-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-21-49	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Pulaski Co., Mo.		
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DATE REC'D BY LOCAL REG. April 15, 1949		REGISTRAR'S SIGNATURE Thelma C. Buckthorpe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.L. Hoops & Sons, Wayneville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Waynesville, N.C.

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.