

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5172

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>136</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> c. LENGTH OF STAY (in this place) <u>All Life</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St John's Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> d. STREET ADDRESS (If rural, give location) <u>1406 East 4th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Delmar O.</u> b. (Middle) _____ c. (Last) <u>Sutton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 30, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 26, 1904</u>		9. AGE (In years last birthday) <u>45</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man for Apt House and Courts</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
13a. FATHER'S NAME <u>O. D. Sutton</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Fields</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Mildred Sutton Joplin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-05-9786</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mildred Sutton, Joplin, Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Compound fracture of the leg temporal bone with embolus of brain middle lobe</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>2. Compound fracture of the leg maxilla</u> DUE TO (c) <u>3. Penetration severe left cervical area with section of leg and clavicle artery</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4. Separation of the legs forearm</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>8911.3</u> <u>11</u>	
21a. ACCIDENT (Specify) <u>SAVING SUICIDE ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>501 SOGENT AVE JOPLIN MO</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JOPLIN JASPER MISSOURI</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JAN 30 1950 12<sup>30</sup> M</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>EXPLOSION SEVERE DUE TO FORCING O<sub>2</sub> THROUGH FUEL OIL LINE</u>			
22. I hereby certify that I attended the deceased from <u>10:15 AM, 1/30/50, (ATTEND 50M)</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. W. Deane Corning, M.D.</u> (Degree or title)				23b. ADDRESS <u>Joplin Natl Bond Bldg Joplin</u>		23c. DATE SIGNED <u>2-3-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>February 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u>		24d. LOCATION (City, town (or county)) (State) <u>Joplin, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-7-50</u>		REGISTRAR'S SIGNATURE <u>Edw. J. Jones, JR</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thom Hill - A fellow Mortuary</u>			

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

495  
0

RECEIVED 2-14-50

Jasper County Health Office

County File Number 50-1-100

Date Filed 3-11-50

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 *Carla J. Thornhill*

Licensed Embalmer No. 3590

P. O. Address *Joplin, Mo.*

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.