

FILED JUN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19624

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural 0160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mouser Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>near Burfordville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) SHERMAN c. (Last) SUTTON

4. DATE OF DEATH (Month) (Day) (Year)
June 14 1950

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
never married 8. DATE OF BIRTH April 23, 1877 9. AGE (In years last birthday) Months Days Hours Min.
72

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)
Farming 10b. KIND OF BUSINESS OR INDUSTRY
Laborer 11. BIRTHPLACE (State or foreign country)
Greenville Mo 12. CITIZEN OF WHAT COUNTRY?
U.S.C.

13a. FATHER'S NAME Wm J. Sutton 13b. MOTHER'S MAIDEN NAME Susan Bennett 14. NAME OF HUSBAND OR WIFE
none

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. no 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Russell Bazzell Jr. Cape Girardeau

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma stomach INTERVAL BETWEEN ONSET AND DEATH
6 mo

ANTECEDENT CAUSES DUE TO (b) I don't know

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
none

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION
none 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1950, to June 14, 1950, that I last saw the deceased alive on June 14, 1950, and that death occurred at 11:30 m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. H. Leasing M.D. 23b. ADDRESS Jackson Mo 23c. DATE SIGNED 6-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 16 24c. NAME OF CEMETERY OR CREMATORY Lesley 24d. LOCATION (City, town, or county) (State)
near Burfordville Mo.

DATE REC'D BY LOCAL REG. June 19-50 REGISTRAR'S SIGNATURE D. H. Leasing 430 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Shelley Jackson Mo

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

01614

650-847

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Gene C. Craddock*

Signed.....
Student Embalmer

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.