No. 300
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FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12057

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5356 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Longlane RR1
c. LENGTH OF STAY (in this place): boyn
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Longlane RR1
d. STREET ADDRESS (If rural, give location): 0300

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): ELIZA BETH
c. (Last): SUTTON

4. DATE OF DEATH (Month) (Day) (Year): April 2 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov 9 1863
9. AGE (In years last birthday): 87
If under 1 year: Months: 3 Days: 23
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Bessie Beal
ADDRESS: Buffalo Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congested heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral insufficiency — 2 years
DUE TO (c) Chronic endo-carditis — unknown

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: 410 X
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) m.:
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 14, 1951, *to* March 30, 1951, *that I last saw the deceased alive on* March 30, 1951, *and that death occurred at* 10:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): D. O.
23b. ADDRESS: Buffalo, Missouri
23c. DATE SIGNED: 4/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-4-1951
24c. NAME OF CEMETERY OR CREMATORY: Wolland
24d. LOCATION (City, town, or county) (State): Dallas Co Mo

DATE REC'D BY LOCAL REG.: 4/7/51
REGISTRAR'S SIGNATURE: Mrs J. B. Janero
25. FUNERAL DIRECTOR'S SIGNATURE: L B Jones
ADDRESS: Buffalo Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED APR 10 1951
Dist. File 451-781
Date Filed 4-11-51

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 Morris B. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.