

FILED FEB 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1127

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4235 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Annapolis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Annapolis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) SUTTON		4. DATE OF DEATH (Month) (Day) (Year) Feb. 2 1952	
5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 9 1878
9. AGE (In years) (Month) (Day) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	11. BIRTHPLACE (State or foreign country) Piedmont Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Williams		13b. MOTHER'S MAIDEN NAME Kitty Turner	14. NAME OF HUSBAND OR WIFE Bert J. Sutton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bert J. Sutton, Annapolis Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cancer of right breast and right lung.</i>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		170x	
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 Jan. 14, 1952, to 2-2-1952 that I last saw the deceased alive on _____, 19____, and that death occurred at 2:15P m., from the causes and on the date stated above.			
23a. SIGNATURE <i>A. G. Bond</i> (Degree or title) 0		23b. ADDRESS <i>Piedmont, Mo.</i>	
23c. DATE SIGNED		23d. ADDRESS	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-4-52	
24c. NAME OF CEMETERY OR CREMATORY Annapolis Cem.		24d. LOCATION (City, town, or county) (State) Annapolis, Mo.	
DATE REC'D BY LOCAL REG. Feb 13, 1952		REGISTRAR'S SIGNATURE <i>Mrs. Aris Jones</i> 128-0	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Arnold S. Giddell</i>		ADDRESS White Funeral Home, Ironton Mo.	

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 Arnell J. White

Licensed Embalmer No. 2012

P. O. Address

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.