

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17343

State File No. _____

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 57

0732
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1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>KANSAS</u> b. COUNTY <u>Sedawiee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WICHITA</u> <u>81511</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE MEMORIAL</u>		d. STREET ADDRESS (If rural, give location) <u>556 CASA LOMA</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) <u>MAE</u> c. (Last) <u>HUTTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 1952</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
		<u>Widowed</u>		8. DATE OF BIRTH <u>MARCH 25 1883</u>	
9. AGE (In years) (Month) (Day) <u>69</u> <u>7</u> <u>21</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>homemaking</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ELM CREEK, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>SAMUEL J. FRAZIER</u>		13b. MOTHER'S MAIDEN NAME <u>NELLIE ANN MEANS</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CORVIN F. HUTTON ST. LOUIS, MO.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension with auricular fibrillation 3 yr</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from May 14, 1952, to May 16, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold C. Lent, M.D.</u>		23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>5-17-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>		24b. DATE <u>5-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>WASHINGTON, KANS.</u>	

DATE REC'D BY LOCAL REG. <u>5-18-52</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bourman</u> <u>223-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CLARK-BIGHAM, NEOSHO, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District No. 652-98
Date Filed JUN 4 1952

NEOSHO, MISSOURI

JUN 9 1952

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 Jesse O. Sullivan
Licensed Embalmer No. 4646

P. O. Address Neosho, 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.