

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44299

State File No.

S. No. 300
V. 10-48

FILED DEC 23 1952

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Licking</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Texas Co. MO 1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shenell, MHA</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi SW of Licking MO.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline Louina</u> b. (Middle) <u>Sutton</u> c. (Last) <u>SUTTON</u>			7. DATE OF DEATH (Month) (Day) (Year) <u>12-5-52</u>		
--	--	--	---	--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>August 21, 1864</u>	9. AGE (In years) (Month) (Day) (Year) <u>88-3-14</u>
-----------------	----------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Texas Co. MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	---	---	--

13a. FATHER'S NAME <u>Thos. L. Treasty</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. O. Sutton</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nevas Pittman, Success, Mo.</u>	ADDRESS <u></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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	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 _____, 19____, to 12-5-1952 that I last saw the deceased alive on Aug 1, 1952, and that death occurred at 8:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lulu Kandal</u>	(Degree or title)	23b. ADDRESS <u>Licking, Mo.</u>	23c. DATE SIGNED <u>12-15-52</u>
-----------------------------------	-------------------	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boon Creek Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Texas Co. MO</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Dec. 16, 1952</u>	REGISTRAR'S SIGNATURE <u>Elvora Hesse</u>	324	25. GENERAL DIRECTOR'S SIGNATURE <u>Smith & Legason</u>	ADDRESS <u>Licking, Mo.</u>
---	---	-----	---	-----------------------------

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 *Erbert E Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Leeking Md*

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.