

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10954**

820

FILED APR 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u> 0820	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED a. (First) <u>CHARLES ALBERT</u> b. (Middle) <u>Sutton</u> c. (Last) <u>Sutton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 5 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MAILED</u>	8. DATE OF BIRTH <u>Oct 17 1887</u>
9. AGE (In years last birthday) <u>65</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life. Area if retired) <u>Drop Tree Operator</u>	11. BIRTHPLACE (State or foreign country) <u>Bowling Green Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Albert Lee Sutton</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Kelsch</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude Sutton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gertrude Sutton</u> ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endocarditis</u> <u>yes</u> DUE TO (c) <u>Myocarditis</u> <u>yes</u> 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 type="checkbox"/>	
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 <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 <u>1940</u> to <u>7-5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-5</u> , 19 <u>53</u> and that death occurred at <u>6 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. M. Chees</u>		23b. ADDRESS <u>Bowling Green</u>	23c. DATE SIGNED <u>7-9-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4 8 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>	24d. LOCATION (City, town, or county) (State) <u>Pike Co. Mo</u>
DATE REC'D BY LOCAL REG. <u>4-10-53</u>	REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	FEDERAL DIRECTOR'S SIGNATURE <u>Grace B. ...</u> ADDRESS <u>Bowling Green</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Harold C. Hinkle

Licensed Embalmer No. 4597

P. O. Address Banling Street

**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.