

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25354

State File No. ....

FILED AUG 7 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Prairie Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Martin City,</b>	
c. LENGTH OF STAY (in this place) <b>3yrs</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson County Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bert</b> b. (Middle) _____ c. (Last) <b>Sutton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 14 1953</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>4-10-1890</b>		9. AGE (In years last birthday) <b>63</b>		10. UNDER 1 YEAR Months <b>3</b> Days <b>3</b>		11. UNDER 24 HRS. Hours <b>3</b> Minutes _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>				11. BIRTHPLACE (State or foreign country) <b>Topeka, Kansas</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Unknown</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph C. Wiederman</b>				ADDRESS <b>Martin City, Mo</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ischemic Heart Disease</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 <b>4200</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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?	

22. I hereby certify that I attended the deceased from April 15, 1952, to 7-14, 1953, that I last saw the deceased alive on 7-14, 1953, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Guarner Reyna, M.D.</b>		(Degree or title)		23b. ADDRESS <b>1032 Prof. Bldg. K.C. Mo.</b>		23c. DATE SIGNED <b>7-22-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-15-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>69th + E. Road, K.C. Mo</b>	
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DATE REC'D BY LOCAL REG. <b>7-23-1953</b>		REGISTRAR'S SIGNATURE <b>W. J. King</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Johnson</b>		ADDRESS <b>K. C. Mo</b>	
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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~~.....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Forest P. Coldman*

Licensed Embalmer No. 4714

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.