

STANDARD CERTIFICATE OF DEATH

State File No. **29593**

FILED AUG 19 1953

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 37

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 OR TOWN <u> Bowling Green</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u> BOWLING GREEN</u>	
c. LENGTH OF STAY (in this place) <u> 10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u> R.F.D 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u> Juanita</u> b. (Middle) <u> Lee</u> c. (Last) <u> Sitton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u> Aug 12 1953</u>		
--	--	--	---	--	--

5. SEX <u> female</u>	6. COLOR OR RACE <u> white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u> Married</u>	8. DATE OF BIRTH <u> July 18, 1897</u>	9. AGE (In years last birthday) <u> 56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
-----------------------	--------------------------------	--	--	--	---	---

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 _____	11. BIRTHPLACE (State or foreign country) <u> Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u> U.S.A</u>
---	--	---	--	--

13a. FATHER'S NAME <u> Edwin Randolph</u>	13b. MOTHER'S MAIDEN NAME <u> Evalina Putman</u>	14. NAME OF HUSBAND OR WIFE <u> Carl Sitton</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u> None</u>	17. INFORMANT'S SIGNATURE OR NAME <u> Bernard N. Larson</u> ADDRESS <u> Bowling Green Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u> 1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u> Carcinoma of the lung.</u>		
	ANTECEDENT CAUSES Morbid 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 <u> none</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u> _____ 153X _____</u>
--	--	--

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 Aug. 31st, 1952, to Aug 12th, 1953, that I last saw the deceased alive on Aug. 12th, 1953, and that death occurred at 9: p. m., from the causes and on the date stated above.

23a. SIGNATURE <u> James B. Braxton M.D.</u> (Degree or title)	23b. ADDRESS <u> Bowling Green, Missouri</u>	23c. DATE SIGNED <u> 8/13/53</u>
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u> Removal</u>	24b. DATE <u> 14 Aug. 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u> Sunset Memorial</u>	24d. LOCATION (City, town, or county) (State) <u> St. Louis Mo</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u> 8/14/53</u>	REGISTRAR'S SIGNATURE <u> Bill Robinson</u> NO. <u> 254</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u> Butler - Pritchett</u> ADDRESS _____
--	---	---

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

No. 300
10.48

320
1

AUG 27 1954

FEB 5 1958

NOV 29 1956

SEP 1 1954

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 _____

John E. Duller
4447

Licensed Embalmer No. _____

P. O. Address _____

Signed.....
Student Embalmer

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.