

STANDARD CERTIFICATE OF DEATH

FILED DEC 1- 1953

BIRTH NO. REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4452 Registrar's No. 61

0930

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Jackson 3008	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Todd's Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Harry	a. (First) Alonzo	b. (Middle) Dutton	c. (Last)	4. DATE OF DEATH (Month) 11 (Day) 22 (Year) 53
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept, 16, 1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Private Detective	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Burlingame Kansas /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Dutton	13b. MOTHER'S MAIDEN NAME Sarah Craig	14. NAME OF HUSBAND OR WIFE Alice Dutton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY 486-10-4229	17. INFORMANT'S SIGNATURE OR NAME Alice Dutton, Osceola Missouri	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma		
	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. Intestines & Liver			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 162X	20. AUTOPSY? YES <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 11-20, 1953, to 11-22, 1953, that I last saw the deceased alive on 11-22, 1953, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mark Dodd, M.D.	23b. ADDRESS Osceola, Missouri	23c. DATE SIGNED 11-23-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-25-53	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG. 11-26-53	REGISTRAR'S SIGNATURE Ruth Seavers	25. FUNERAL DIRECTOR'S SIGNATURE J. B. ...	ADDRESS Osceola Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 22 1955

APR 8 1955

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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Coccola 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.