

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11101

BIRTH NO. 21094-55 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 439

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo. 35000</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>2 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		0117
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Josephs Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>3127 Seneca St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Sutton</u>		c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 1 24 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Apr. 1 24 1955</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Month Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Glen Edward Sutton</u>		13b. MOTHER'S MAIDEN NAME <u>Doris Lorraine Young</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helen Sutton</u>		ADDRESS <u>3127 Seneca St., City</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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PRIMARY PNEUMONIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PRENATALITY</u>				
	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>7625</u>				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)			
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>APRIL 24, 1955</u> , to <u>APRIL 24, 1955</u> , that I last saw the deceased alive on <u>APRIL 24, 1955</u> , and that death occurred at <u>8: PM</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Laurance H. Pifer MD.</u>		(Degree or title)	23b. ADDRESS <u>1302 FARMER St., ST. JOSEPH, MO.</u>		23c. DATE SIGNED <u>4-27-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 25, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. JOSEPH, MO.</u>		
DATE REC'D BY LOCAL REG. <u>April 29, 1955</u>	REGISTRAR'S SIGNATURE <u>Bethen M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bowman, St. Joseph, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 James P. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 So 10th St. Ft. La

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.