

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13049

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Mitchell</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Mitchell</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Randolph Township</u>			STREET ADDRESS (If rural, give location) <u>RURAL</u> <u>0940</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>BELL</u> c. (Last) <u>SUTTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1955</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov-29-1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>
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 (City and State or Foreign Country) <u>Northbrook Lovington, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jasper Newland</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Gould</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Sutton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert Sutton, Mitchell, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u> broncho-pneumonia</u> ANTECEDENT CAUSES <u> bronchial asthma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> myocarditis</u> DUE TO (c) <u> arterio-sclerosis gross</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>241X</u>
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 <u>Mar</u> , 19 <u>55</u> , to <u>4-18</u> , 19 <u>55</u> ; that I last saw the deceased alive on <u>4-18</u> , 19 <u>55</u> , and that death occurred at <u>6:00P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. C. Roebke M.D.</u> (Describe or title)			23b. ADDRESS <u>Desloge, Missouri</u>		23c. DATE SIGNED <u>4-20-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 20, 1955</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks F. Home</u>	ADDRESS <u>Flat River, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4238
P. O. Address Flat 110

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.