

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14740

FILED JUN 13 1955

State File No. ....  
REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 560

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 yr		e. STREET ADDRESS (If rural, give location) 6203 S. 9th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6203 So. 9th St.			
3. NAME OF DECEASED a. (First) FRED b. (Middle) SUTTON c. (Last) SUTTON			4. DATE OF DEATH June 2, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Febr. 25, 1874
9. AGE (in years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	11. BIRTHPLACE (City and State or Foreign Country) Altamont, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY General farming	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Sutton		13b. MOTHER'S MAIDEN NAME Marriett Meeks	14. NAME OF HUSBAND OR WIFE Minnie Sutton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Raymond Smith ADDRESS 6203 S. 9th St. St. Joseph, Mo.
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) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 447x	
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 5-3-55, 1954, to 5-31-55, 1955, that I last saw the deceased alive on 5-31-55, 1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE C. L. Ferguson		23b. ADDRESS (Degree or title) St. Joseph, Mo. 801 1/2 Francis St.	23c. DATE SIGNED 6-4-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 4, 1955	24c. NAME OF CEMETERY OR CREMATORY Winston Cemetery	24d. LOCATION (City, town, or county) (State) Winston, Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 7, 1955	485 Esther M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home ADDRESS St. Joseph, Mo.	

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 Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Earl A. Clark*

Licensed Embalmer No. .... 42

P. O. Address *St. George*

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.