

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25975**

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 4234		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, write RURAL and give township) Ironton		c. LENGTH OF STAY (in this place) 16 days		c. CITY (If outside corporate limits, write RURAL and give township) Annapolis		0415	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) ERNEST		b. (Middle) BERRYMAN		c. (Last) SUTTON		4. DATE OF DEATH (Month) (Day) (Year) Aug. 11 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 19 1908	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months 6 Days 22		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver State Highway Dept.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Madison County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Sutton		13b. MOTHER'S MAIDEN NAME Dolly King		14. NAME OF HUSBAND OR WIFE Stella Talley 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. 491-16-8076		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Stella Sutton, Annapolis 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) PULMONARY EMBOLISM INTERVAL BETWEEN ONSET AND DEATH 1 HOUR ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) PHLEBOTROMBOSIS LEFT LEG 3 DAYS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MYOCARDIAL INFARCTION 2 weeks					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 466X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 7/26, 1955 , to 8-11, 1955 , that I last saw the deceased alive on 8-11, 1955 , and that death occurred at 10:40 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Marrion C. Menne M.D.				23b. ADDRESS Ironton, Missouri		23c. DATE SIGNED 8-15-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8- -55		24c. NAME OF CEMETERY OR CREMATORY Annapolis Cemetery		24d. LOCATION (City, town, or county) (State) Annapolis Missouri	
DATE REC'D BY LOCAL REG. 8-16-55		REGISTRAR'S SIGNATURE Mrs. Aris Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

Arnell J. White

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

DEC 6 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Russell J. White.....

Licensed Embalmer No. 3012.....

P. O. Address Director's Office.....

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.