

FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31715

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pulaski</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>USAH Ft Leonardwood Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Ft Leonardwood Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>0850</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 Mo.</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>29</u> Year <u>56</u>		
3. NAME OF DECEASED (Type or print) First <u>Jimmy W</u> Middle <u>Sutton</u> Last <u>Sutton</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>29</u> Year <u>56</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <u>Infant</u>	8. DATE OF BIRTH <u>29 Nov 55</u>	9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR Month <u>10</u> Day <u>7</u> Hours <u>7</u> Min.
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 <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Ft Leonardwood Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>			13. FATHER'S NAME <u>Sp3 Melbie J Sutton</u>		
14. MOTHER'S MAIDEN NAME <u>Dorothy Irene (unknown)</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		
16. SOCIAL SECURITY NO. <u>--</u>			17. INFORMANT <u>Sp3 Melbie J Sutton Hq 18th Brig</u> Address <u>Ft Leonardwood</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchio pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 Mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
					DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour <u>11:10</u> Month, Day, Year <u>29 Sept 56</u> a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>29 Sept 56</u> to <u>29 Sept 56</u> and last saw <u>him</u> alive on <u>29 Sept 56</u> Death occurred at <u>11:10</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>May J Johnson Mc</u>			22b. ADDRESS <u>Hq USAH Ft Leonardwood Mo</u>		22c. DATE SIGNED <u>29 Sept 56</u>
23a. TRIBAL CREMATION OR REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9/29/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		23d. LOCATION (City, town, or county) (State) <u>Batesville, Ark</u>
24. FUNERAL DIRECTOR <u>A. L. Crouch Batesville, Ark.</u>		25. DATE RECD. BY LOCAL REG. <u>9-29-56</u>		26. REGISTRAR'S SIGNATURE <u>Cula Spae Anderson</u>	

(Licensed Embolmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56Health,
Welfare
Public
Service

Date Filed 9-29-56
File Number 137
Alaska County Health Officer 9-29-56
RECEIVED

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 Lawrence Snow

Licensed Embalmer No. 488

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.