

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009686

STATE FILE NUMBER

1188

FILED MAR 19 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Kansas City</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Kansas City</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Gen. Hosp.</u>  |                                  | Length of stay in lb<br><u>51 yrs.</u>  | d. STREET ADDRESS (If outside, give location)<br><u>4103 Penn</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>John</u> Middle <u>W</u> Last <u>SUTTON</u>  |                                  |   | 4. DATE OF DEATH<br>Month <u>3</u> Day <u>3</u> Year <u>59</u>  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><u>11-11-1907</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Fence Cont.</u>   | 11. BIRTHPLACE (City and state or country)<br><u>K. C. Mo.</u>  |
| 13a. FATHER'S NAME<br><u>John W. Sutton</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>" Unknown "</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Helen Sutton</u>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, <input type="checkbox"/> or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>487-09-3042</u>   | 17. INFORMANT<br><u>Record Clerk: K.C. Gen. Hosp.</u><br>Address  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinomatosis</u>  |                                  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                                  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)   |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____<br>a.m. _____<br>p.m. _____   |                                  |   |   |
| 20d. INJURY OCCURRED WHILE AT <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>12-29-58</u> to <u>3-3-59</u> and last saw <sup>him</sup> alive on <u>3-3-59</u><br>Death occurred at <u>9:18 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE<br><u>Alcaban Gelpert</u><br>(Degree or title)   |                                  | 22b. ADDRESS<br><u>Gen. Hosp.</u>   | 22c. DATE SIGNED<br><u>3-3-59</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>3-5-59</u>       | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Floral Hills</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Mo.</u>  |
| 24. FUNERAL DIRECTOR<br><u>Weilert's; 6900 Troost; K.C. Mo.</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>3-4-59</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Neva Marshall</u>   |

Abraham Gelpert in use only BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 B. E. Weiler .....

Licensed Embalmer No. 4075  
P. O. Address L. C. & W.

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.