

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016519
STATE FILE NUMBER

FILED APR 28 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 98

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Nevada</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1621 N. Wash.</u>		Length of stay in lb <u>6 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>1621 N. Wash.</u>
3. NAME OF DECEASED (Type or print) First <u>Curt</u> Middle <u>Nettle</u> Last <u>Dutton</u>			4. DATE OF DEATH Month <u>4</u> Day <u>19</u> Year <u>59</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 23, 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Former Sheriff</u>	9. AGE (In years last birthday) <u>66</u>
11. BIRTHPLACE (City and state or country) <u>Callaway Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John P. Dutton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary K. Fisher</u>	14. NAME OF HUSBAND OR WIFE <u>Lelia B. Dutton</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wpr or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>648-36-6454</u>	17. INFORMANT <u>Mrs Lelia B. Dutton, Nevada</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>Myocarditis with chr nephritis,</u>			INTERVAL BETWEEN ONSET AND DEATH <u>about 1/2 yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>4201</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary Circulatory Deficiency.</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ 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.) <u>_____</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Nevada Vernon Mo.</u>
21. I attended the deceased from <u>Early 1958</u> to <u>4-19-1959</u> and last saw <u>him</u> alive on <u>4-18-59</u> . Death occurred at <u>345 A.</u> m on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W.S. Love</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Nevada, Mo</u>	22c. DATE SIGNED <u>4-20-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-21-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>
24. FUNERAL DIRECTOR <u>Richard L. Shorten, Nevada, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-23-1959</u>	26. REGISTRAR'S SIGNATURE <u>Anna B. Jerry</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 4 1959

APR 28 1961

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 *Lloyd C McLeod*

Licensed Embalmer No. 4853

P. O. Address Florida, Mo.

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.