

STANDARD CERTIFICATE OF DEATH

State File No.

28126

FILED AUG. 24 1953

BIRTH NO.		REG. DIST. NO. 80		PRIMARY REG. DIST. NO. 5306		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marion		c. LENGTH OF STAY (in this place) 4 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marion			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt # 1. Centertown, Mo				d. STREET ADDRESS (If rural, give location) Rt # 1. Centertown, Mo			
3. NAME OF DECEASED (Type or Print)		a. (First) Pearl		b. (Middle) May		c. (Last) Dutton	
4. DATE OF DEATH		(Month) Aug		(Day) 17		(Year) 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar 9 1903	
9. AGE (In years last birthday) 50		10. MONTHS 5		11. DAYS 8		12. IF UNDER 1 YEAR, Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Osage Co., Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Holland		13b. MOTHER'S MAIDEN NAME Sopha Vilcot		14. NAME OF HUSBAND OR WIFE Elmer V. Dutton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Elmer V. Dutton Centertown, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Cancer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) severe cancer of cervix DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 mos 10 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Aug 8 , 1953, to Aug 17 , 1953, that I last saw the deceased alive on Aug 17 , 1953, and that death occurred at 6:45 AM , from the causes and on the date stated above.							
23a. SIGNATURE Minnie Bitternutt		(Degree or title) 70-0		23b. ADDRESS Base Boulton - California		23c. DATE SIGNED 8/18/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/19/53		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo	
DATE REC'D BY LOCAL REG. Aug 19		REGISTRAR'S SIGNATURE Mrs. Minnie Bitternutt		25. FUNERAL DIRECTOR'S SIGNATURE Base Boulton		ADDRESS California	

(Licensed Embalmers Statement on Reverse Side)

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

OCT 9 1953

MAY 10 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 Edward Bonelin

Licensed Embalmer No. 2126

P. O. Address California

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.