No. 300
10.48

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11595

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 413

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 79 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2814 Sherman Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location): 2814 Sherman Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Wade
c. (Last): Sutherland

4. DATE OF DEATH (Month) (Day) (Year): April 11 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27 1867
9. AGE (In years last birthday): 81 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Platte City, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Dr. John Calvin Sutherland
13b. MOTHER'S MAIDEN NAME: Celia Tate
14. NAME OF HUSBAND OR WIFE: Eva Sutherland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Miss. Celia Sutherland
ADDRESS: 2814 Sherman Ave. St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Epithelioma of lower lip — INTERVAL BETWEEN ONSET AND DEATH: 9 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): 140X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis (gen.) + (cerebral) — Many yrs.

19a. DATE OF OPERATION: ------
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1 – 1949, *to* 4/11, 1949, *that I last saw the deceased alive on* 4/10, 1949, *and that death occurred at* 6:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: G. T. Bloomer (Degree or title): M. D.
23b. ADDRESS: 218 N. 3rd St. St. Joseph Mo.
23c. DATE SIGNED: 4/11/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 12, 1949
24c. NAME OF CEMETERY OR CREMATORY: Second Creek Cemetery
24d. LOCATION (City, town, or county) (State): Platte County, Missouri.

DATE REC'D BY LOCAL REG.: April 15, 1949
REGISTRAR'S SIGNATURE: E. E. Jenkins
25. FUNERAL DIRECTOR'S SIGNATURE: Walter Meierhoffer
ADDRESS: 1946 Colhoun St. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Raymond H. Morehead

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.