

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV 25 1950

State File No. **37275**
4715

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>18</u> Years		d. STREET ADDRESS (If rural, give location) <u>100 WEST ARMOUR BLVD.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>100 WEST ARMOUR BLVD.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLEO</u> b. (Middle) <u>F</u> c. (Last) <u>SUTHERLAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 6, 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 2</u>	8. DATE OF BIRTH <u>July 16, 1902</u>
9. AGE (In years) Last birthday <u>47</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager & OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>100 WEST ARMOUR APARTMENTS</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bert DeTalent</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Duncan</u>	
14. NAME OF HUSBAND OR WIFE <u>Earl Sutherland</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Sutherland</u> ADDRESS <u>100 West Armour Kansas City, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Cervix</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>MIIX</u>	
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 <u>12-9, 1943</u> to <u>11-6, 1950</u> , that I last saw the deceased alive on <u>Nov 6, 1950</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>W. H. Lockwood</u> (Degree or title) _____		23b. ADDRESS <u>2830 Maple Bed, Kansas City, Mo.</u>	
23c. DATE SIGNED <u>11-6-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-8-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address *Kansas City*

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.