

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9147

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5630</u>		Registrar's No. <u>457</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon Rural</u>		c. LENGTH OF STAY (in this place) <u>75 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon Rural Rt.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Rt. # 4.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Rural Rt. 4</u>				0530			
3. NAME OF DECEASED a. (First) <u>Elizabeth</u> b. (Middle) <u>Patience</u> c. (Last) <u>Sutherland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 20, 1876</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>9</u>	11. UNDER 2 HRS. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. O. Brandon</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Simpson</u>		14. NAME OF HUSBAND OR WIFE <u>D. L. Sutherland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>D. L. Sutherland Lebanon Rt. 4.</u>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma caecum</u>				unk.	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>				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>July</u> , 19 <u>40</u> , to <u>Mar 29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/26</u> , 1951, and that death occurred at <u>10</u> P. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James P. Hope, M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>3/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/31/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Similin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-2-1951</u>		REGISTRAR'S SIGNATURE <u>Hella L. Mayo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Holman Lebanon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-480530  
1

APR 7 1951

Received \_\_\_\_\_

Inclade County Health Unit

File No. 4-51-55

Date Filed APR 9 1951

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 *Dorsey M. Howe*

Licensed Embalmer No. 4222

P. O. Address *Lebanon, 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.