

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44035**
5551

FILED JAN 19 1952

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>55 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>5723 Oak St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5723 Oak st</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolyn</u> b. (Middle) <u>Frances</u> c. (Last) <u>Sutherland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>22</u> <u>51</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>June 22 1893</u>	9. AGE (In years last birthday) <u>58</u>	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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>William S. Garwood</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Weihi</u>		14. NAME OF HUSBAND OR WIFE <u>Wallace Sutherland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wallace Sutherland 5723 Oak St.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8+ mo.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (b) <u>Coronary Arteriosclerosis</u>		<u>155+</u>	
		DUPLICATE (c) <u>Metastasis also to brain.</u>			
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Hypertension</u>			

19a. DATE OF OPERATION <u>Aug 20</u>		19b. MAJOR FINDINGS OF OPERATION <u>Lesion infiltrate</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 Mar 2, 1944 to 12-22, 1951, that I last saw the deceased alive on Dec 10, 1951, and that death occurred at 3:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank B. Lettz MD</u> (Degree of title)		23b. ADDRESS <u>1530 Prof. Plg. Kan. City, Mo.</u>		23c. DATE SIGNED <u>12-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine & McClure</u>		ADDRESS <u>K. C. MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-24-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			

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

11:30 - 2:00
Ha 1331
Staff Redd's

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

Eugene L. Hemmer

Licensed Embalmer No. *4633*

P.O. Address *Lawrence 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.