

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39283

State File No. 10357
Registrar's No.

FILED NOV 22 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10357		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscott							
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN ST. LOUIS, MISSOURI			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Rt 1, Hayti		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				STREET ADDRESS (If rural, give location) _____							
3. NAME OF DECEASED (Type or Print) a. (First) JESS			b. (Middle) WILLARD		c. (Last) SUTHERLAND		4. DATE OF DEATH (Month) (Day) (Year) November 11, 1954				
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug 29, 1916		9. AGE (In years last birthday) 38			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm foreman		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Weakley Co., Tenn			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Gentry Sutherland			13b. MOTHER'S MAIDEN NAME Louise Floyd			14. NAME OF HUSBAND OR WIFE Hazel Sutherland					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 410-14-4810		17. INFORMANT'S SIGNATURE OR NAME Hazel Sutherland, Hayti, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastrectomy DUE TO (c) Duodenal Ulcer II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 days 3 yrs.	
19a. DATE OF OPERATION 11/5/54		19b. MAJOR FINDINGS OF OPERATION As above						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5410							
22. I hereby certify that I attended the deceased from 10-24- , 19 54 , to 11-11- , 1954, that I last saw the deceased alive on 11-11- , 19 54 , and that death occurred at 5:50 Pm. , from the causes and on the date stated above.											
23a. SIGNATURE C. P. Vermillion, M.D. (Degree or title)				23b. ADDRESS BARNES HOSPITAL			23c. DATE SIGNED 11-11-54				
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-14-54		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.					
DATE REC'D BY LOCAL REG. NOV 15 1954		REGISTRAR'S SIGNATURE H.S. Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith, Caruthersville, Mo. ADDRESS _____						

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.....
Signature of Student Embalmer

Signed Donald E. Yea

Licensed Embalmer No. 39

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.