

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2262

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6070		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY St. Francois /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri St. COUNTY Francois			
b. CITY (If outside corporate limits, write RURAL and give town) rural (Liberty)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Knoblick		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION near Knoblick Mo				STREET ADDRESS (If rural, give location) 0940 0			
3. NAME OF DECEASED (Type or Print) Oran Eno Sutherland			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan 3 1955	
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 1898 Feb 3 1899	
9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Days 56		11. IF UNDER 2 HRS. Hours 11		12. IF UNDER 2 HRS. Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY railway employee		11. BIRTHPLACE (City and State or Foreign Country) Knoblick, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edgar Sutherland			13b. MOTHER'S MAIDEN NAME Mary Arnold			14. NAME OF HUSBAND OR WIFE Pearl Thomas 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary E. Sutherland Knoblick, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Small bowel obstruction caused by adhesions and a rent in the omentum which followed a gun-shot wound of the abdomen. DUE TO (b) Coronary artery Perforation: as a result of old gun-shot wounds in the abdomen. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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.) farm		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ber O Miller 3 coroner				23b. ADDRESS Farmington, Mo		23c. DATE SIGNED 1/17/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 6 1955		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Fredericktown Mo	
DATE REC'D BY LOCAL REG. Jan 6, 1955		REGISTRAR'S SIGNATURE Esther Reddy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cozean, Farmington Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1955
FEB 18 1955

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.....
C. H. Cozear

Licensed Embalmer No. *40*
P. O. Address *Farming*

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.