

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8973

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4233</u>		Registrar's No. <u>24</u>		
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>				
b. CITY OR TOWN <u>Arcadia</u>			c. CITY OR TOWN <u>Arcadia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. LENGTH OF STAY (in this place) <u>23 yrs</u>				e. STREET ADDRESS (If rural, give location) <u>047th</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____								
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>LAWRENCE</u>			c. (Last) <u>SUTHERLAND</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>March 12 1956</u>								
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 27 1884</u>		
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR (Month) (Day) (Year) <u>1 15</u>		IF UNDER 24 HRS. (Hour) (Min.) <u>0</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>gen. store</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Lesterville Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>George Sutherland</u>		13b. MOTHER'S MAIDEN NAME <u>Naneye Buckner</u>		14. NAME OF HUSBAND OR WIFE <u>Naomi Sutherland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Naomi Sutherland, Arcadia Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute myocarditis</u>				2 yrs.				
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>431x</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) (Min.) _____		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>6-3</u> , 19 <u>54</u> , to <u>3-12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-12</u> , 19 <u>56</u> , and that death occurred at <u>6:30 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. E. Sutherland, M.D.</u>				23b. ADDRESS <u>Ironton, Missouri</u>		23c. DATE SIGNED <u>3-17-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Valley Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Ironton Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-19-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home Ironton Mo.</u> <u>Wendy White</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 *Annell J. White*.....

Licensed Embalmer No. *3012*

P. O. Address *Imperial*

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.