URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-025756

STATE FILE NUMBER

FILED VS AUG 3 1960

Registration District No. 14 Primary Registration District No. 5066 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Southwest Township
Length of stay in 1b: 2 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 15 miles n.w. of Jasper
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Jasper
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): South Main St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ida Middle: May Last: Sunderland

4. DATE OF DEATH: Month: July Day: 2 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12-28-1877

9. AGE (last birthday): 82

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (City and state or country): Jasper County, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: John Isenmann

13b. MOTHER'S MAIDEN NAME: Sarah Lamey

14. NAME OF HUSBAND OR WIFE: Jacob Sunderland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Address: Mrs. Joe Patterson, Carthage, Mo. R#2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Respiratory failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral thrombosis
DUE TO (c): arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 5 9, to July, 1960 and last saw her alive on July 1, 1960
Death occurred at July 2 1960 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Fred Switzer Jr. (Degree or title) M.D.

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 4, 1960

23c. NAME OF CEMETERY OR CREMATORY: Hackney Cemetery

23d. LOCATION (City, town, or county) (State): Jasper County, Mo.

24. FUNERAL DIRECTOR: Martin Selvey ADDRESS: Martin Selvey, Jasper, Mo.

25. DATE REC'D. BY LOCAL REG.: July 19, 1960

26. REGISTRAR'S SIGNATURE: Charlotte McDowell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George W Newcom

Licensed Embalmer No. 4671

P.O. Address Lockwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.