

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11478

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112A Registrar's No. 29

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

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>BOLLINGER</u> c. CITY (If outside corporate limits; write RURAL and give township) <u>Rural</u> d. STREET ADDRESS (If rural, give location) <u>New Scopus, MO. 90</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits; write RURAL and give township) <u>Rural</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>New Scopus, MO. 90</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) <u>F</u> c. (Last) <u>SUTHERLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 22 1949</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>March 29, 1885</u>	9. AGE (In years last birthday) <u>64</u>	# UNDER 1 YEAR Days <u>24</u> # UNDER 12 HRS. 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>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>DANIEL COOK</u>		13b. MOTHER'S MAIDEN NAME <u>HANNERS</u>	
14. NAME OF HUSBAND OR WIFE <u>AMON SUTHERLAND</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Annie Cook, Scopus MO</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. INTERVAL BETWEEN ONSET AND DEATH	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Carcinoma</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		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		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) <u>152x</u>	
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 Jan 1, 1948, to Apr 22, 1949, that I last saw the deceased alive on Apr. 20, 1949, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>Edw. Crites O. M.D.</u>		23b. ADDRESS <u>Sedgewichville, Mo.</u>		23c. DATE SIGNED <u>4/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>COOK CEMETARY</u>	
24d. LOCATION (City, town, or county) (State) <u>Scopus MO.</u>		DATE REC'D BY LOCAL REG. <u>May 4 1949</u>		REGISTRAR'S SIGNATURE <u>Willie Van Dierburgh</u>	

25. FUNERAL DIRECTOR'S SIGNATURE <u>Baber Funeral Home Lutesville</u>		ADDRESS <u>Lutesville</u>	
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RECEIVED

Public Health Officer No. 4  
District File Number 249-6  
Date Filed 5-10-49

MAY 11 1949

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.

Signed T. E. Graham

Signed.....  
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Greenville

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.