

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20685

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 505 S. WASHINGTON	

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) ANDREWS	c. (Last) SUTHERLAND	4. DATE OF DEATH (Month) (Day) (Year) JUNE 27 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 17 1876	9. AGE (In years less birthday) (Months) (Days) (Hours) (Min.) 72 6 10
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICE JUDGE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) IND. ST. FRANCOIS COUNTY	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W. RICHARD SUTHERLAND	13b. MOTHER'S MAIDEN NAME LILA BONO	14. NAME OF HUSBAND OR WIFE MARY SHANNON
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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 MRS. LATT MEADOWS	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION FARMINGTON		INTERVAL BETWEEN ONSET AND DEATH 6
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease and DUE TO (c) Hypertensive Cardiovascular Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple embolic phenomenon: gangrene, left leg		442X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Farmington
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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
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22. I hereby certify that I attended the deceased from **May 30, 1949**, to **June 27, 1949**, that I last saw the deceased alive on **6-27, 1949**, and that death occurred at **11:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. Richard Crouch, M.D.	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 6-28-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 29-49	24c. NAME OF CEMETERY OR CREMATORY KOP. CEMETERY	24d. LOCATION (City, town, or county) (State) NEAR FARMINGTON, MO
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DATE REC'D BY LOCAL REG. June 29, 1949	REGISTRAR'S SIGNATURE Ether Ruddle	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Cozart	ADDRESS Mo. Farmington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

7-6-49

District Health Officer No. 4

District File Number 749-884

Date Filed _____

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4084

P. O. Address Farmington, Mo.

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.