

FILED AUG 10 1949

STANDARD CERTIFICATE OF DEATH

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5462 Registrar's No. 685

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - FRANKLIN TNSP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - FRANKLIN TNSP.</u>	
c. LENGTH OF STAY (In this place) <u>20 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>FAIR GROVE, Mo. RFD #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAIR GROVE, Mo. RFD #1</u>		d. STREET ADDRESS (If rural, give location) <u>FAIR GROVE, Mo. RFD #1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>IRIS</u> c. (Last) <u>SUTHERLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 31 1949</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>7 JULY 1929</u>
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>IN THE HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>TRACY SUTHERLAND</u>	
13b. MOTHER'S MAIDEN NAME <u>BULA HIGH FILL</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>TRACY SUTHERLAND - FAIR GROVE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.  INTERVAL BETWEEN ONSET AND DEATH <u>5-6 years</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>July 43</u> , to <u>July 31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 31</u> , 19 <u>49</u> , and that death occurred at <u>8:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Do not write in ink) <u>Wm. J. Klingner</u>		23b. ADDRESS <u>Spangford Mo.</u>	
23c. DATE SIGNED <u>8-1-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>8-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BASSVILLE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>STRAFFORD, MO.</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>W.S. Handley</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Klingner &amp; Co.</u>		ADDRESS <u>SPG-FD, Mo.</u>	

**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 Ogden Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

**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.