

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED OCT 24 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1138

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2814 Sherman Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>2814 Sherman</b>	

3. NAME OF DECEASED (Type or Print) <b>Eva Sutherland</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 15, 1949</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>July 12, 1864</b>		9. AGE (In years last birthday) <b>85</b>		10. IF UNDER 1 YEAR Months <b>3</b> Days <b>3</b>	
11. BIRTHPLACE (State or foreign country) <b>West Prussia, Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>?</b>		13. IF UNDER 1 HR. Hours <b>5</b> Mins. <b>0</b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>West Prussia, Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>?</b>	
13a. FATHER'S NAME <b>Frederick Radtke</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Demske</b>		14. NAME OF HUSBAND OR WIFE <b>Arthur Wade Sutherland</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Celia F. Sutherland, St. Joseph, Mo.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>5 yr.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		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. <b>1</b>	

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 May 21, 1949, to Oct 15, 1949, that I last saw the deceased alive on Oct 15, 1949, and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold J. Bruner M.D.</b>		23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>10-17-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/19/1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery St. Joseph, Mo.</b>	
24d. LOCATION (City, town, or county) (State) <b>Mo.</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Dawson</b>		24f. ADDRESS <b>St. Joseph, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct. 19, 1949</b>		REGISTRAR'S SIGNATURE <b>E. B. Jenkins</b>		382	

(Licensed Embalmer's Statement on Reverse Side) **None**

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

*W. Burman*

**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 *William Spalding*

Licensed Embalmer No. *4375*

P. O. Address *819 S. 10th St. Joseph, 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.