

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25324

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6563		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2119		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips				d. STREET ADDRESS (If rural, give location) 1918 Cora St.				
3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY b. (Middle) STEVENSON c. (Last) SUTHERLIN			4. DATE OF DEATH (Month) (Day) (Year) 7 28 1950					
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7/9/1926		
9. AGE (In years last birthday) 24		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 M. RES. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboratory Asst.			10b. KIND OF BUSINESS OR INDUSTRY Wash. University			11. BIRTHPLACE (State or foreign country) Tenn.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME William Stevenson		13b. MOTHER'S MAIDEN NAME Hattie Douglas		14. NAME OF HUSBAND OR WIFE Joshua Sutherlin	
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joshua Sutherlin 1918 Cora St.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Oedema of both lungs, 2. Gastric Dilatation; 3. Sodium Pentothol Anesthetic; ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) during operation for fractured elbow DUE TO (c) of home, 1541-a Marcus Ave. about 10:20 P.M., June 8, 1950 II. OTHER SIGNIFICANT CONDITIONS ACCIDENT Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6:00 30		
19a. DATE OF OPERATION 7-22-50		19b. MAJOR FINDINGS OF OPERATION ADVD				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-8-50 10:20P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? See Above				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00P. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) John P. Green, Deputy Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/31/50		
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/3/50		24c. NAME OF CEMETERY OR CREMATORY Rose Hill		24d. LOCATION (City, town, or county) (State) Memphis Tenn.		
DATE REC'D BY LOCAL REG. AUG 1 1950		REGISTRAR'S SIGNATURE J. B. Casner		25. FUNERAL DIRECTOR'S SIGNATURE R. M. C. Green		ADDRESS 3517 Oakdale Ave		

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

AUG 26 1953

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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. ~~4000~~

working under my personal supervision.

Student _____
Student Embalmer

Signed Edgar H Green
Licensed Embalmer No. 4571

P. O. Address 3517 Laclède

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.