

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27949

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 282

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caledonia 1100	
c. LENGTH OF STAY (in this place) 10 da.		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 110 School Street			

3. NAME OF DECEASED (Type or Print)	a. (First) Jessie	b. (Middle) Sutherland	c. (Last) Sloan	4. DATE OF DEATH (Month) (Day) (Year) Aug. 23 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 9 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 14	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Caledonia Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alonzo R. Sutherland	13b. MOTHER'S MAIDEN NAME Laura Smith	14. NAME OF HUSBAND OR WIFE Guy T. Sloan
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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. no	17. INFORMANT'S SIGNATURE OR NAME V. A. Smith, 39 Park St.	ADDRESS Bonne Terre Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days 1 year O.K 595X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Chronic nephritis		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **8-21-1950**, to **8-23-1950**, that I last saw the deceased alive on **8-23-1950**, and that death occurred at **3:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. L. Evans M.D.	23b. ADDRESS Bonne Terre Mo	23c. DATE SIGNED 8-23-1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-25-50	24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cem.	24d. LOCATION (City, town, or county) (State) Caledonia Missouri
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DATE REC'D BY LOCAL REG. Aug. 24, 1950	REGISTRAR'S SIGNATURE Eather Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE White	ADDRESS White Funeral Home, Ironton Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. _____
DISTRICT HEALTH OFFICE NO. 4

AUG 29 1950
RECEIVED

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 _____

Carol J. White

Licensed Embalmer No. *3012*

P. O. Address _____

Quincy 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.