

STANDARD CERTIFICATE OF DEATH

40218

State File No.

JAN 2 1950

BIRTH NO. 12-18-50

REG. DIST. NO. 93

PRIMARY REG. DIST. NO. 5344

Registrar's No. 68

290
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Dade (North Morgan Township)</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Dade</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Aldrich</i> LENGTH OF STAY (in this place) <i>83 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Aldrich, Mo</i> <i>0296</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>5 miles West of Aldrich</i>		d. STREET ADDRESS (If rural, give location) <i>5 miles West Aldrich</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Etta</i> b. (Middle) <i>Sunderland</i> c. (Last) <i>Sunderland</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 8, 1950</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct 3, 1867</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>housework</i>	9. AGE (In years last birthday) <i>83-</i> IF UNDER 1 YEAR: Months <i>2</i> Days <i>5</i> IF UNDER 24 HRS. Hours <i></i> Mins. <i></i>
11a. FATHER'S NAME <i>Nathan Collins</i>		11b. MOTHER'S MAIDEN NAME <i>Margaret King</i>	11. BIRTHPLACE (State or foreign country) <i>Dade Co. Missouri</i>
13a. FATHER'S NAME <i>Nathan Collins</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret King</i>	14. NAME OF HUSBAND OR WIFE <i>Calvert E. Sunderland</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service) <i>none</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Ruth King</i> ADDRESS <i>Aldrich, Mo</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Paralysis</i> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) <i>Cerebral Hemorrhage</i> DUE TO (c) <i>Age and debility</i> 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	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR-TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 3, 1950</i> , to <i>Dec 8, 1950</i> , that I last saw the deceased alive on <i>Nov 3, 1950</i> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>B. B. Kirby, M.D.</i> (Degree or title) <i>0</i>		23b. ADDRESS <i>Dadeville, Mo</i>	
23a. SIGNATURE <i>B. B. Kirby, M.D.</i> (Degree or title) <i>0</i>		23c. DATE SIGNED <i>Dec 10, 1950</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Bona Cemetery</i>	
24b. DATE <i>Dec. 10, 1950</i>		24d. LOCATION (City, town, or county) (State) <i>Bona, (Dade Co) Mo.</i>	
DATE REC'D BY LOCAL REG. <i>12-18-50</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Geo. L. Weir</i> ADDRESS <i>79</i>	
REGISTRAR'S SIGNATURE <i>Geo. L. Weir</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>William B. Curwin</i> ADDRESS <i>Dadeville, Mo.</i>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 27 1950

Dist. File 1250-3143

Date Filed 12-27-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

William P. Curwin

Signed

Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Salinas, 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.