

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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4

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

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 352	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 2 mos		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, rural 0110			
d. FULL NAME OF (If deceased died in institution, give name of institution) HOSPITAL OR INSTITUTION Dora Leon Nursing Home 624 Prospect, Avenue				d. STREET ADDRESS (If rural, give location) B. F. D. #7			
3. NAME OF DECEASED (Type or Print) a. (First) Dora			b. (Middle) _____			c. (Last) Sunderland	
4. DATE OF DEATH (Month) (Day) (Year) March 28, 1951		5. SEX Female		6. COLOR OR RACE Wht.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 7 1888		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Buchanan Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Eli Rasor			13b. MOTHER'S MAIDEN NAME Tilda Scott			14. NAME OF HUSBAND OR WIFE Harry E. Sunderland	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry E. Sunderland			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse Cortical atrophy of Brain ANTECEDENT CAUSES Morbidity 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 15 Months	
19a. DATE OF OPERATION 3-19-51		19b. MAJOR FINDINGS OF OPERATION Morbid cerebral atrophy				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) (Min.)		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 3-11 , 19 51 , to 3-28 , 19 51 , that I last saw the deceased alive on 3-27 , 19 51 , and that death occurred at 6:02 P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George W. Feriman M.D.				23b. ADDRESS 902 Edmund St. City		23c. DATE SIGNED 3-29-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 30, 51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. April 3, 1951		REGISTRAR'S SIGNATURE Carl C. Carter		446 Stamey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stamey Funeral Home—St. Joseph, Missouri	

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 *James Roy Stamer* _____

Licensed Embalmer No. *2435* _____

P. O. Address *St. Joseph* _____

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.