

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23440**

FILED JUN 25 1952

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **78**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN Washington Twp.		c. LENGTH OF STAY (In this place) 12-11-18	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harwood 10871	
		d. STREET ADDRESS (If rural, give location) Rural 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) N.	c. (Last) Sutherland	4. DATE OF DEATH (Month) (Day) (Year) 6-17-52
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (1)	8. DATE OF BIRTH 1-7-1902.	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 5- Days 10	IF UNDER 2 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (State or foreign country) Kansas 1	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME A.N. Sutherland	13b. MOTHER'S MAIDEN NAME Fraunce E. Meann	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS A.N. Sutherland Harwood 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 3/4 12 7
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis Pneumonia.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epilepsy DUE TO (c) 		
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 3533	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)
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 **6-1-**, 19**46**, to **6-17-**, 19**52**, that I last saw the deceased alive on **6-16-**, 19**52** and that death occurred at **12:30** A m., from the causes and on the date stated above.

23a. SIGNATURE J.B. Burch M.D. (Degree or title)	23b. ADDRESS State Hospital #3	23c. DATE SIGNED 6-17-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/19/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG. 6/18/52	REGISTRAR'S SIGNATURE Wanna E. Ferry 45	25. FUNERAL DIRECTOR'S SIGNATURE Oldswagoner ADDRESS Harwood Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

working under my personal supervision.

Student

Student Embalmer

Signed..... *Oliver Aggones*

Licensed Embalmer No. 2709

P. O. Address..... Harwood, 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.