

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30518

State File No.

FILED SEP 2 - 1952

BIRTH NO. REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> <u>1030</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Castor</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Castor</u> <u>1030</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Dexter, Mo. Route # 2.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>			

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>SOUTHERLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18, 1952</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 1, 1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR: Months <u>4</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crop Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Dickson, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>John B. Southerland</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Herrin</u>		14. NAME OF MISENDECOR WIFE <u>Myrtle Southerland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Southerland,</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. <u>Artero-sclerosis et hypertension</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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 Aug 9 - 1952 to Aug 18, 1952, that I last saw the deceased alive on Aug 9, 1952, and that death occurred at 6:15 am from the causes and on the date stated above.

23a. SIGNATURE <u>S. S. Jones M.D.</u> (Degree or title)		23b. ADDRESS <u>Dexter, Mo</u>		23c. DATE SIGNED <u>8.20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 30, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harper cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Aug 29, 1952</u>		REGISTRAR'S SIGNATURE <u>Rose Webber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO.</u> ADDRESS <u>Bloomfield, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Lulu

Cooper # 3499

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.