

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19105**

FILED: MAY 18 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lat River</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 Roosevelt Lat River Mo.</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u> b. (Middle) <u>A.</u> c. (Last) <u>Crader</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>5</u> (Year) <u>1953</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 4 1881</u>
9. AGE (In years) <u>71</u> (last birthday)		10. UNDER 1 YEAR Months <u>5</u> Days <u>1</u>	11. UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Ste. Genevieve County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Sutherland</u>	
13b. MOTHER'S MAIDEN NAME <u>Lelia Bono</u>		14. NAME OF HUSBAND OR WIFE <u>David Crader</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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dave Crader</u>		ADDRESS <u>Farmington Mo</u>	
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) <u>Diabetes mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>arterio sclerosis</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) <u>2608</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>6-20</u> , 19 <u>50</u> , to <u>July 5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 4</u> , 19 <u>53</u> , and that death occurred at <u>3:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. H. Appleberry M.D.</u>		23b. ADDRESS <u>Flax River Mo</u>	
23c. DATE SIGNED <u>5-6-53</u>			
24a. BURIAL, CREMATION, REMOVAL <u>burial</u>		24b. DATE <u>MAY 8 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST FRANCOIS MEMORIAL</u>		24d. LOCATION (City, town, or county) (State) <u>DESLOGE MO</u>	
DATE RECD. BY LOCAL REG. <u>May 8, 1953</u>		REGISTRAR'S SIGNATURE <u>E. R. Pudloff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. COZZAN</u>		ADDRESS <u>FARMINGTON, MO.</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ch Cozlan
Licensed Embalmer No. *4084*

P. O. Address *Farmington, N.H.*

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.