

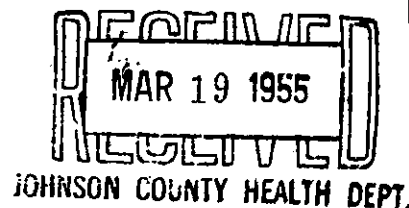
STANDARD CERTIFICATE OF DEATH

State File No. **8641**

FILED MAR 21 1955

BIRTH NO. _____		REG. DIST. NO. <u>166</u>		PRIMARY REG. DIST. NO. <u>5605</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY Johnson b. CITY (If outside corporate limits, write RURAL and give township) Washington Twp. c. LENGTH OF STAY (in this place) none d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pettis c. CITY (If outside corporate limits, write RURAL and give township) 0800 OR TOWN Smithton d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) Dale		a. (First) Cleo		c. (Last) Sutherlin		4. DATE OF DEATH (Month) (Day) (Year) March 14, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept. 20, 1936		9. AGE (in years last birthday) 18 # UNDER 1 YEAR Months Days # UNDER 1 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory worker		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Smithton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Cleo Sutherlin		13b. MOTHER'S MAIDEN NAME Luvella Mae Reid		14. NAME OF HUSBAND OR WIFE _____			
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. 486e36-1786		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. E. C. Sutherlin, Smithton			
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 INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) crushing injuries to head received in automobile accident ANTECEDENT CAUSES Morbid 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) MI. W. Knob Noster, Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 051			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 14, 1955 - 5:50 AM		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from inquest, on , xx only, xx , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Kelly Pauline M.D. Corcoran Johnson Co.				23b. ADDRESS		23c. DATE SIGNED 3/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 16, 1955		24c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery		24d. LOCATION (City, town, or county) (State) Smithton, Mo.	
DATE REC'D BY LOCAL REG. Mar 14-55		REGISTRAR'S SIGNATURE Thomas L. Beatty		25. FUNERAL DIRECTOR'S SIGNATURE W. Raymond Baker, Knob Noster, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)



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

W. Raymond Baker

Licensed Embalmer No.

4616

P. O. Address

Knot Master, 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.