

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

56868-029601
STATE FILE NUMBER

FILED AUG 22 1958 Registration District No. 182 Primary Registration District No. 7298 Registrar's No. 24

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| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Locust Creek Township</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Brookfield</u> 0580 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D. # 1</u> Length of stay in 1b <u>30 years</u> | | d. STREET ADDRESS <u>R.F.D. # 1</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) <u>William Alfred Southerland</u> First Middle Last | | | 4. DATE OF DEATH <u>August 15, 1958</u> Month Day Year | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>October 11, 1895</u> | 9. AGE (In years last birthday) <u>62</u> | 10. UNDER 1 YEAR IF UNDER 24 HRS. Months <u>10</u> Days <u>4</u> Hours <u>4</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | | 11. BIRTHPLACE (City and state or country) <u>Purdin, Missouri</u> | |
| 13. FATHER'S NAME <u>Thomas D. Southerland</u> | | | 14. MOTHER'S MAIDEN NAME <u>Mary L. Browning</u> | | |

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>492-44-1592</u> | 17. INFORMANT <u>Mrs. Ethel Southerland, Brookfield, Mo.</u> Address <u>4201</u> |
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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>10 yrs</u> <u>10 yrs</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | |
| DUE TO (c) <u>Arteriosclerosis</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u> | | |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Brookfield Mo</u> COUNTY _____ STATE _____ |
| 21. I attended the deceased from <u>Aug 15 1958</u> to _____ and last saw <u>him</u> alive on <u>Aug 15 1958</u> . Death occurred at <u>7:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Deputy or title) <u>W. B. Simpson DD</u> | | 22b. ADDRESS <u>Brookfield Mo</u> |
| | | 22c. DATE SIGNED <u>8/14/58</u> |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Aug. 17, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Knifong Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Dullion County, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo</u> ADDRESS _____ | 25. DATE RECD. BY LOCAL REG. <u>Aug 19-1958</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Liddie Kelley</u> | |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service 580 1 300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
1630

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed *Gerald I. Wald*

Licensed Embalmer No. *411*

P. O. Address *Brown*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.