

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038579

STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 334 Primary Registration District No. 6121 Registrar's No. 374

300

-57

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Birch Tree		c. CITY OR TOWN Eminence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hy. # 60		d. STREET ADDRESS Route 1	
3. NAME OF DECEASED (Type or print) First Middle Last James Manuel Sutherland		4. DATE OF DEATH Month Day Year Oct. 8, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 28, 1936
9. AGE (In years) (By birthday) 22		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Eminence, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Elmer Sutherland	
13b. MOTHER'S MAIDEN NAME Pauline Counts		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 498-38-7978	17. INFORMANT Elmer Sutherland, Winona, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Penetrating Skull Injury		INTERVAL BETWEEN ONSET AND DEATH Sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) One Car accident			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Overturned car, thrown free, Was driving and lost control at high speed.		
20c. TIME OF INJURY Hour Month Day Year 10: a.m. 10/8/58			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Between Winona & BirchTree, U.S.60	
21. I attended the deceased from 10 p.m. to and last saw her/him alive on Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Shannon County Cor.		22b. ADDRESS Eminence, Mo.	22c. DATE SIGNED 10/21/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/12/58	23c. NAME OF CEMETERY OR CREMATORY Bethel Chaple Cemetery	23d. LOCATION (City, town, or county) (State) Eminence, Missouri
24. FUNERAL DIRECTOR Duncan Funeral Home Mtn View, Mo.		25. DATE RECD. BY LOCAL REG. Nov 10 - 1958	26. REGISTRAR'S SIGNATURE Mabel P...

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard A. Norton*

Licensed Embalmer No. *2029*

P. O. Address *Mt. Vernon*

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

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