

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5171

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 87

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Joplin) | c. LENGTH OF STAY (In this place) 62 Yrs. | c. CITY (If outside corporate limits, write RURAL and give township) Joplin (RURAL) Rt# 3 Box# 14 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital | | d. STREET ADDRESS (If rural, give location) North West of Chitwood | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Truby | b. (Middle) C. | c. (Last) SULLINGER | 4. DATE OF DEATH (Month) (Day) (Year) January 20, 1950 |
| 5. SEX Male | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH February 2, 1887 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Jasper County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |

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| 13a. FATHER'S NAME Wilford Sullinger | 13b. MOTHER'S MAIDEN NAME Etta Longan | 14. NAME OF HUSBAND OR WIFE None |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) W.W. #1 | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME A.C. Sullinger ADDRESS Rt# 3 Box# 14 Joplin, Mo. |

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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding Peptic Ulcer | | INTERVAL BETWEEN ONSET AND DEATH 5 days |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Duodenal Ulcer | | 4 yrs (2) |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 54/10 |

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| 19a. DATE OF OPERATION 1-20 | 19b. MAJOR FINDINGS OF OPERATION Bleeding duodenal Ulcer | 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) _____ | 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 26 Jan, 1950, to 20 Jan, 1950, that I last saw the deceased alive on 20 Jan, 1950, and that death occurred at 4:20 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>[Signature]</i> (Degree or title) MD. | 23b. ADDRESS Joplin Mo. | 23c. DATE SIGNED 21 Jan 50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE January 23, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial Park |
| | | 24d. LOCATION (City, town, or county) (State) Joplin, Missouri |

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| DATE REC'D BY LOCAL REG. 1-23-50 | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort. ADDRESS Joplin, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 2 1950

RECEIVED 2-1-50
Jasper County Health Office

County File Number 50-1-66

Date Filed 2-18-50

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 Paula Hamrick

Licensed Embalmer No. 3T90

P. O. Address Joplin, 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.