

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1929

State File No. ....

6

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 4352 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Versailles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Versailles</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>400 S. Fischer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>400 S. Fischer</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Sullens</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1951</u>
--	--------------------------	-----------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 27, 1883</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Month <u>1</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 1 HR. Hours <u></u>	IF UNDER 1 HR. Min. <u></u>
-----------------------	----------------------------------	--	--	--	--------------------------------------	-------------------------------------	------------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cigar MFG.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Morgan Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	---

13a. FATHER'S NAME <u>John P. Sullens</u>	13b. MOTHER'S MAIDEN NAME <u>Alea Ann Coffee</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LeRoy Sullens</u>	ADDRESS <u>Versailles, 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		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>30 years</u> <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease,</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensated arteriosclerosis, generalized</u> DUE TO (c) <u>Chronic uremia</u>		
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 <u>443X</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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 July 1, 1950, to Jan 29, 1951, that I last saw the deceased alive on Jan 29, 1951, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack Gunn</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>1-30-51</u>
------------------------------------	--------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 31-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles, Cemetery Versailles, Mo.</u>	24d. LOCATION (City, town, or county) (State)
--	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Jan 30-1951</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Stowell</u>	ADDRESS <u>Versailles, Mo.</u>
--	--	--	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

0710

0710

V.I.O.K

RECEIVED

1-31-57

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 1-31-57 -----

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

Raymond C. Lorber

Licensed Embalmer No. 4626

P. O. Address Versailles, 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.