

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44285

FILED JAN 16 1952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6195 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Rural - Boone</u>		c. CITY OR TOWN <u>Rural - Boone</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (if rural, give location) <u>3th S. of Kinsleypost Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Came</u>	a. (First)	b. (Middle)	c. (Last) <u>Sullins</u>	DATE OF DEATH (Month) (Day) (Year) <u>12-21-1951</u>
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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>May 26, 1909</u>	9. AGE (In years last birthday) <u>42</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Texas Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ben Sullins</u>	13b. MOTHER'S MAIDEN NAME <u>Myrtle Jones</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gail Kinsman - Kinsleypost Mo</u>	ADDRESS <u>-</u>
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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) <u>Shot by his brother Paul</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. C. Kinsman, Sheriff</u>	(Degree or title)	23b. ADDRESS <u>Houston Mo</u>	23c. DATE SIGNED <u>12-24-52</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>12/22/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cradlock Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 7, 1952</u>	REGISTRAR'S SIGNATURE <u>Elmore Hesse</u>	324	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u>	ADDRESS <u>Lecking, Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed *Hubert Ferguson* _____

Signed _____
Student Embalmer

Licensed Embalmer No. *3945* _____

P. O. Address *Licking 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.