

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5526

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SHELBY	
b. CITY OR TOWN MONROE CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HONNEWELL 10201	
c. LENGTH OF STAY (in this place) 3 Mo		d. STREET ADDRESS (If rural, give location) TOWN LIMITS	
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE REST HOME			

3. NAME OF DECEASED (Type or Print) KATIE CHRISTINA SULKIN			4. DATE OF DEATH (Month) (Day) (Year) 2-11-1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10/8/1889		9. AGE (In years last birthday) 64 <small>MONTHS</small> 4 <small>DAYS</small> 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.					

3a. FATHER'S NAME DOUGLAS M. MILLER		13b. MOTHER'S MAIDEN NAME ANNIE B. SHAW		14. NAME OF HUSBAND OR WIFE (DECEASED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Wood	
				ADDRESS Honnewell, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		DUE TO (b) Gilipay			8 yrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			64 yrs
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"/>	
				3533	

21a. ACCIDENT OR 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) (M.)		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 **9-18**, 1953, to **1-30**, 1954, that I last saw the deceased alive on **1-20**, 1954, and that death occurred at **3:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. M. Sumner 2 D.O.		23b. ADDRESS Monroe City, Mo.		23c. DATE SIGNED 2-14-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/14/1954		24c. NAME OF CEMETERY OR CREMATORY GODFREY CEM.	
24d. LOCATION (City, town, or county) (State) HONNEWELL MO		25. FUNERAL DIRECTOR'S SIGNATURE Harold Farmer ADDRESS Monroe City			
DATE REC'D BY LOCAL REG. 2-18-54		REGISTRAR'S SIGNATURE Eddie Robertson 471-0			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Harold Garner

Signed.....
Student Embalmer

Licensed Embalmer No. *3120*

P. O. Address *Moire Ct*

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

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