

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8182

State File No.

BIRTH NO. APR 7 1954 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <i>Mo</i> COUNTY <i>Dunklin</i> DISTRICT <i>0352</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kennett</i>	c. LENGTH OF STAY (In this place) <i>10 yrs</i>	c. CITY OR TOWN <i>Kennett</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>412 Commercial St</i>		e. STREET ADDRESS (If rural, give location) <i>412 Commercial St.</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Geri</i>	b. (Middle) <i>Junior</i>	c. (Last) <i>Sullivan</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>April 4-1954</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>May 13-1937</i>	9. AGE (In years last birthday) <i>16</i>	IF UNDER 1 YEAR Months <i>10</i>	IF UNDER 2 hrs. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Jacksonville Ark 1 U.S.A.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Geri S. Sullivan</i>	13b. MOTHER'S MAIDEN NAME <i>Carrie Collins</i>	14. NAME OF HUSBAND OR WIFE <i>Never married</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Geri S. Sullivan</i>	ADDRESS <i>Kennett Mo.</i>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Rheumatic Heart.</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Rheumatic Fever.</i> 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) (Min.)	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 *April 4, 1954*, to *April 4, 1954*, that I last saw the deceased alive on *April 4, 1954*, and that death occurred at *2:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. Marshall D.C.P.D.</i>	(Degree or title)	23b. ADDRESS <i>Kennett Mo</i>	23c. DATE SIGNED <i>4-5-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>4-5-1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Cobbett Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Cobbett Ark</i>
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DATE REC'D BY LOCAL REG. <i>4-5-1954</i>	REGISTRAR'S SIGNATURE <i>Earl H. Hubbs</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Rayley</i>	ADDRESS <i>Funeral Home Cobbett Ark.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-6-54
COUNTY FILE NUMBER 454-~~454~~

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 *Edgar B. Lee*

Licensed Embalmer No. *440*

P. O. Address *Anniston*

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.