

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

22752

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>717</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Greene		b. CITY (If outside corporate limits, write RURAL and give township) Springfield		a. STATE Missouri		b. COUNTY Greene	
c. LENGTH OF STAY (In this place) 26 years		c. CITY OR TOWN Springfield		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. 2901 W College				e. STREET ADDRESS (If rural, give location) 2901 W College			
3. NAME OF DECEASED (Type or Print)		a. (First) MARY		b. (Middle) WEAVER		c. (Last) SULLINS	
4. DATE OF DEATH		(Month) July		(Day) 22		(Year) 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 13, 1889	
9. AGE (In years last birthday) 65		# UNDER 1 YEAR Months 0 Days 0		# UNDER 2 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="radio"/> Birch Tree, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. D. Weaver		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Charles E Sullins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles E. Sullins, Springfield, Missouri			
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 5 or 6 yrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensating heart lesion		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Thyroiditis					
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 254 X				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 11-4-52 , 19____, to 7-21-54 , 19____, that I last saw the deceased alive on 7-21-54 , 19____, and that death occurred at 1:30 A.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. E. Feller M.D.				23b. ADDRESS 609 Cherry, Springfield, Mo.		23c. DATE SIGNED 7-23-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE July 24, 1954		24c. NAME OF CEMETERY OR CREMATORY White Chapel		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
DATE REC'D BY LOCAL REG. 7/23/54		REGISTRAR'S SIGNATURE Edith Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Schmeyer, Springfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bernard J. Wright*.....

Licensed Embalmer No. *4292*.....

P. O. Address *Spring*.....

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.