

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31088

FILED OCT 4 1954

State File No.

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

0202

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5394 Registrar's No. 78

| | | | |
|---|--|---|----------------------|
| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> | |
| b. CITY (If outside corporate limits write RURAL and give name of rural settlement) <u>House Springs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>House Springs</u> | |
| c. LENGTH OF STAY (In this place) _____ | | d. STREET ADDRESS (If rural, give location) <u>RR # 2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR # 2</u> | | | |
| 3. NAME OF DECEASED * (Type or Print) <u>Oscar</u> | | a. (First) _____ | b. (Middle) <u>—</u> |
| | | c. (Last) <u>SULLENS</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>19</u> <u>54</u> | | 5. SEX <u>MALE</u> | |
| 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | |
| 8. DATE OF BIRTH <u>Nov 1 1874</u> | | 9. AGE (In years last birthday) <u>79</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>DARIUS SULLENS</u> | | 13b. MOTHER'S MAIDEN NAME <u>PRITCHETT</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>MURTLE SULLENS</u> | | 14. NAME OF HUSBAND OR WIFE <u>DECEASED</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>MURTLE CROTT</u> | | ADDRESS <u>House Springs Mo RR 2</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 | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> | | | |
| DUE TO (c) <u>none</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> | | | |
| 19a. DATE OF OPERATION <u>none</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>4201</u> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u> | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>none</u> | | 21f. HOW DID INJURY OCCUR? <u>none</u> | |
| 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 _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>D. B. Edwards, M.D., Coroner</u> | | (Degree or title) | |
| 23b. ADDRESS <u>Osceola, Mo</u> | | 23c. DATE SIGNED <u>9/20/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-22-54</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Park Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lappington Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>9/25/54</u> | | REGISTRAR'S SIGNATURE <u>Ruth J. ... 438</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Les H. Fieser</u> | | ADDRESS <u>404 Main St. Foston, Mo</u> | |

V. L. S. Stiles?

**JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI**

DATE RECEIVED

SEP 28 1964

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

GERALD J. MAHN

Student Embalmer No. *505*

working under my personal supervision.

Student *Gerald J. Mahn*
Student Embalmer

Signed *Daniel J. Mahan*

Licensed Embalmer No. *4326*

P. O. Address *St. Louis, 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.