

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5778A 37534

State File No. _____

FILED DEC 12 1955

BIRTH NO. _____		REG. DIST. NO. <u>2-H 2¹⁴</u>		PRIMARY REG. DIST. NO. <u>4324</u>		Registrar's No. <u>31-55</u>			
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -- a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - JIM-HENRY</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>EUGENE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 1/2 mi. So. - EUGENE</u>				• STREET ADDRESS (If rural, give location) <u>5 1/2 mi. So. - EUGENE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANKLIN</u> b. (Middle) <u>Pierce</u> c. (Last) <u>SULLENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov - 26 1955</u>						
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>21 MARCH 1886</u>			
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
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>Gen-FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole - Co - Mo</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>BEN</u>			13b. MOTHER'S MAIDEN NAME <u>SULLENS</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER-MARRIED</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EDNA-Johnston</u>		ADDRESS <u>KANSAS-City</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 <u>5 MIN.</u>	
				ANTECEDENT CAUSES Morbid 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. <u>4201</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"/>	
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) <u>NONE</u>		21d. (COUNTY) _____		21e. (STATE) _____	
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"/>		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 <u>10:00A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>L. S. Humphreys, D.O., CORONER</u>				23b. ADDRESS <u>TUSCUMBIA MO</u>			23c. DATE SIGNED <u>27 Nov 55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>28 Nov - 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JIM-HENRY</u>		24d. LOCATION (City, town, or county) (State) <u>MILLER Co. MO</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 28-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>			522		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McRay</u>		ADDRESS <u>ELDON MO</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0660

0660

170

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 *Keith M. Keys*
Licensed Embalmer No. *39*
P. O. Address *Eldon*

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.