No. 300
10.48

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

FILED MAR 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5911

BIRTH NO. 77340-55 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City, Mo
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Unknown

3208

3. NAME OF DECEASED (Type or Print): a. (First) Christine b. (Middle) E c. (Last) Sullins
4. DATE OF DEATH (Month) (Day) (Year): February 27, 1956
5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Oct. 11, 1955
9. AGE (In years last birthday): 4 mos — 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): ----
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and State or Foreign Country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Lester E. Sullins
13b. MOTHER'S MAIDEN NAME: Elizabeth Rust
14. NAME OF HUSBAND OR WIFE: None.--
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.: ----
17. INFORMANT'S SIGNATURE OR NAME: D. Christian, CWO, USA — ADDRESS: US Army Hospital, Fort Leonard Wood, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Multiple abscess of thyroid gland — 1 month
DUE TO (c) Broncho pneumonia

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* cystic degeneration both ovaries

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 254X
20. AUTOPSY? YES [X] NO [ ]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended~~ saw the deceased from* on February 27, 19 56, ~~to~~ ~~the date last the deceased alive~~, and that death occurred at 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Anthony J. Delle Cappelle (Degree or Title)
23b. ADDRESS: US Army Hospital, Fort Leonard Wood, Missouri
23c. DATE SIGNED: 27 Feb 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/27/56
24c. NAME OF CEMETERY OR CREMATORY: Licking Cemetery
24d. LOCATION (City, town, or county) (State): Licking, Missouri

DATE REC'D BY LOCAL REG.: 2-27-56
REGISTRAR'S SIGNATURE: Eula Fae Andreson
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Hedges Funeral Home, Waynesville, Mo
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-27-56
Quitman County Health Officer
File Number
Date Filed 3-3-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Clarence Gnose

Licensed Embalmer No. 489

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.