No. 300
10.48

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13754

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Webb City~~ MINERAL
c. LENGTH OF STAY (in this place) 8 mon.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jasper County T. B. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) Route #3, Box 133 0490

3. NAME OF DECEASED (Type or Print)
a. (First) Carrie b. (Middle) Eldora c. (Last) Sullenger

4. DATE OF DEATH (Month) April (Day) 30, (Year) 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Nov. 6, 1890
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 5 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Kansas
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Joseph Sullenger
13b. MOTHER'S MAIDEN NAME Mary Ann Carter
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME George H. Hobler, M.D. ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease — 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) Pulmonary
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200 A
20. AUTOPSY? YES ☐ 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 the deceased from* Aug. 5, 1955 *to* Apr. 30, 1956, *that I last saw the deceased alive on* Apr. 30, 1956, *and that death occurred at* 1:10 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) George H. Hobler, M.D.
23b. ADDRESS Jasper Co. T. B. Hosp.
23c. DATE SIGNED 1 May 56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 5/3/56
24c. NAME OF CEMETERY OR CREMATORY RICHIE CEMETERY
24d. LOCATION (City, town, or county) (State) GALENA, KAN.

DATE REC'D BY LOCAL REG. 5-3-56
REGISTRAR'S SIGNATURE Mrs. Madeline Switzer
25. FUNERAL DIRECTOR'S SIGNATURE THORNHILL-DILLON ADDRESS JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED MAY 5 1956
Jasper County Health Office
County File Number 56-5-375
Date Filed MAY 5 1956

MAY 1 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Cecil A. Fromhill

Licensed Embalmer No. 359

P. O. Address Joplin

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