

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

J.H. 29836
STATE FILE NUMBER

FILED SEP 17 1956

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 289

300
1-56

All diseases in Part I. must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 626 Washington		Length of stay in lb 47 Years	d. STREET ADDRESS 626 Washington		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle MYRTLE Last SULLINS			4. DATE OF DEATH Month Sept. Day 9, Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 7, 1909	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Boone County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Gus E. Dothage			14. MOTHER'S MAIDEN NAME Racy Sapp		
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. ---	17. INFORMANT Address Cleve Sullins, 626 Washington, Columbia, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHRONIC AURICULAR FIBRILLATION DUE TO (c) RHEUMATIC HEART DIS. + MITRAL STENOSIS + INSUFFICIENCY					INTERVAL BETWEEN ONSET AND DEATH INSTANT SEVERAL YEARS MANY YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 410X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 4-5-1954 to 9-9-1956 and last saw her alive on 3-17-1956 Death occurred at 2:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. Walters (Degree or title)			22b. ADDRESS 22 N 8th Columbia, Mo		22c. DATE SIGNED 9-10-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 11, 1956	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Columbia, Missouri.	
24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.			25. DATE RECD. BY LOCAL REG. Sept 10, 1956	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer	

1931 8 107

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 Tom McLaughlin

Licensed Embalmer No. 40

P. O. Address Columb

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