

FILED NOV 23 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37563**

BIRTH NO. _____		REG. DIST. NO. <b>99</b>		PRIMARY REG. DIST. NO. <b>4169</b>		Registrar's No. <b>57</b>	
1. PLACE OF DEATH a. COUNTY <b>De Kalb</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>De Kalb</b>			
b. CITY OR TOWN <b>Ostborn</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Ostborn</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Two doors east of School house</b>				e. STREET ADDRESS (If rural, give location) <b>No street address 8820</b>			
3. NAME OF DECEASED (Type or Print) <b>Julia</b>		a. (First)		b. (Middle) <b>Sien</b>		c. (Last)	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		4. DATE OF DEATH (Month) <b>11</b> (Day) <b>4</b> (Year) <b>56</b>	
8. DATE OF BIRTH <b>Sept 20 - 1880</b>		9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 WKS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None work</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jersey Sullivan</b>		13b. MOTHER'S MAIDEN NAME <b>Molly Wood</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sam Sapp</b>		ADDRESS <b>Ostborn</b>	
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) <b>Acute Myocardial Failure</b> ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephritis</b> DUE TO (c) <b>Hypertension</b>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>593x</b>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Oct 19 56</b> to <b>Nov 4 1956</b> , that I last saw the deceased alive on <b>Nov 3 1956</b> , and that death occurred at <b>10:00 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. O. Ostborn</b> (Degree or title)				23b. ADDRESS <b>10107 Cameron Mo</b>		23c. DATE SIGNED <b>11-5-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>11-6-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Christian Chapel Cem</b>		24d. LOCATION (City, town, or county) (State) <b>De Kalb Co Mo</b>	
DATE REC'D BY LOCAL REG. <b>11-14-56</b>		REGISTRAR'S SIGNATURE <b>Resonance</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Poland Funeral Home Cameron</b>			

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

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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.....  
*Robert F. Poland*

Licensed Embalmer No.....  
*47*

P. O. Address.....  
*222 West*  
*Camden*

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.