

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1957

State File No. 3465  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6195 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Texas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Texas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Boone</u>		c. LENGTH OF STAY (If in this place) <u>3da.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Boone</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			d. STREET ADDRESS (If rural, give location) <u>7 Mi NW. of Licking MO</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>- baby -</u> b. (Middle) <u>SULLINS</u> c. (Last) <u>SULLINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1 1957</u>		
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5. SEX <u>7</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Jan 27, 1957</u>	9. AGE (In years last birthday) <u>5</u>	if UNDER 1 YEAR Months _____	if UNDER 24 Hrs. Hours _____	if UNDER 48 Hrs. Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Boone Twp, Texas Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Clabe Sullins</u>	13b. MOTHER'S MAIDEN NAME <u>Clara May Spidmore</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes - no or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Clabe Sullins</u>	ADDRESS <u>Licking MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac + pulmonary arrest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>undeveloped (zygomatic) circulatory development</u> DUE TO (c) <u>Prematurity</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6 1/2 month baby not fully developed.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>7546</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 27, 1957, to Feb 1, 1957 that I last saw the deceased alive on Jan 31, 1957, and that death occurred at 10:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>Licking, MO</u>	23c. DATE SIGNED <u>2-2-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb 2, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Craddock Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Texas Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb 6, 1957</u>	REGISTRAR'S SIGNATURE <u>Elmora Hesse</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Licking MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

3 24

**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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *Robert E Ferguson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2945*

P. O. Address *Licking Mo*

**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 this body is not embalmed, fact should be so stated above.