

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34627

STATE FILE NUMBER

FILED OCT 1 1957

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital			Length of stay in lb 3 hours		d. STREET ADDRESS (If outside, give location) 310 E. Wight			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>First Middle Last</i> Infant DONNA JOYCE Sullians				4. DATE OF DEATH <i>Month Day Year</i> Sept 18, 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> <i>Widow Divorced</i> Infant		8. DATE OF BIRTH Sept 18, 1957		9. AGE (In years last birthday) 108 2/3	IF UNDER 1 YEAR Months - Days - Hours 2 Min. 37	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Nevada, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Lester Eugene Sullians				14. MOTHER'S MAIDEN NAME Elizabeth Ann McCurdy				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) Infant			16. SOCIAL SECURITY NO.		17. INFORMANT Willis McCurdy Nevada, 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) Fetal alelectarisis Prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7625						INTERVAL BETWEEN ONSET AND DEATH 2 hrs		
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 <i>Hour a. m. p. m.</i> 5:10 p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased ^{from} Sept 18 '57 to _____ and last saw her ^{living} alive on Sept 18 '57 Death occurred at 5:10 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Ray W. Keuffner MD (Degree or title)				22b. ADDRESS Nevada, Mo		22c. DATE SIGNED 9/18/57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Burial		9-18-57	Eldarodo Springs CEM.		Eldarodo Springs, Mo			
24. FUNERAL DIRECTOR ADDRESS Eichinger Funeral Home Nevada, Mo.				25. DATE RECD. BY LOCAL REG 9-25-1957		26. REGISTRAR'S SIGNATURE Anna G. Ferry		

health, Welfare Public Service
 300 1-56
 All diseases in Part I must be casually 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 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Lacey F. Milster

Licensed Embalmer No. *48*

P. O. Address *Nevada*

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