. Health,
& Welfare
. Public
h Service
30
S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029507
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 170 Primary Registration District No. 56-[illegible] Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Richland Rt. 2 (Smith twp) Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Richland Rt. 2 Length of stay in Ib 1. week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Wright
c. CITY OR TOWN Manes 1140 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Manes, Missouri Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Julia Middle Ann S Last Sullens
4. DATE OF DEATH Month August Day 12, Year 1958
5. SEX Female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH May 2, 1877
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 3 Days 10 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 at home
11. BIRTHPLACE (City and state or country) Ra yborn, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Aleck La throm
13b. MOTHER'S MAIDEN NAME Elizabeth Crider
14. NAME OF HUSBAND OR WIFE John Sullens
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 Chester Sullens Address Manes, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterial Sclerosis — Unknown
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-18-56, to 8-12-58 and last saw her him alive on 7-18-58
Death occurred at 2:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. V. Hough (Degree or title) M.D.
22b. ADDRESS Grove Spring Mo.
22c. DATE SIGNED 8-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/16/1958
23c. NAME OF CEMETERY OR CREMATORY Hopkins Cemetery
23d. LOCATION (City, town, or county) (State) Wright County, Missouri

24. FUNERAL DIRECTOR Barber Funeral Home ADDRESS Mtn. Grove, Mo.
25. DATE RECD. BY LOCAL REG. 8-26-1958
26. REGISTRAR'S SIGNATURE Nella L. Day

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

Received SEP 2 1958
Laclede County Health Unit
File No. 130
Date Filed SEP 2 1958

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 George Stapp

Licensed Embalmer No. 3161

P. O. Address Mtn Grove, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.