

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038945

FILED VS DEC 8 1959

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 597

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Boone</b>	a. STATE <b>Mo.</b>	b. COUNTY <b>Palaski</b>	admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Columbia</b>	Length of stay in 1b <b>15 Days</b>	c. CITY OR TOWN <b>CROCKER</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>University of Mo. Medical Center</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>Box 174</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>RAYMOND</b>	Middle <b>GERALD</b>	Last <b>SULLINS</b>	Month <b>12</b>	Day <b>2</b>
Year <b>59</b>	5. SEX <b>Male</b>			
6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-8-01</b>	9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Cookville Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
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13a. FATHER'S NAME <b>Julius Bert Sullins</b>	13b. MOTHER'S MAIDEN NAME <b>EVA Breeden</b>	14. NAME OF HUSBAND OR WIFE <b>Olive Sullins</b>
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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)	16. SOCIAL SECURITY NO. <b>444-03-8270</b>	17. INFORMANT <b>University of Mo. Medical Records</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Myocardial infarction</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>A.S.H.D. Marked</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	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
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21. I attended the deceased from **Nov. 16, 1959** to **Dec. 2, 1959** and last saw <sup>her</sup>him **live** on **Dec 1, 1959**  
Death occurred at **7:15 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Michael J. Anigian M.D.</b>	(Degree or title)	22b. ADDRESS <b>U. of Mo Med Center</b>	22c. DATE SIGNED <b>12/2/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec 5-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crocker Memorial</b>	23d. LOCATION (City, town, or county) (State) <b>Crocker Missouri</b>
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24. FUNERAL DIRECTOR <b>Walter J. Hedges</b>	ADDRESS <b>Spring Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Dec 2 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS JAN 9 1960

MS DEC 9 1959

JAN 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Walter S. Hedgus

Licensed Embalmer No. 4265

P. O. Address Meria, N.C.

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.