

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 7 1960

60-024068

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 35 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. JAMES</u>		c. CITY OR TOWN <u>ST. JAMES</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Soldiers Home Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>←</u>	

3. NAME OF DECEASED (Type or print) First <u>Lena</u> Middle <u>Sunday</u> Last <u>Sunday</u>			4. DATE OF DEATH Month <u>7</u> Day <u>4</u> Year <u>'60</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-18-1913</u>	9. AGE (last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Horsewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>←</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Do Not Know</u>	13b. MOTHER'S MAIDEN NAME <u>Do Not Know</u>	14. NAME OF HUSBAND OR WIFE <u>OTTO SUNDAY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT Address <u>Francis Penrow - 3816 Bingham St. St. Louis, Mo.</u>
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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 <u>Sudden</u> <u>?</u> <u>?</u>
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		
DO TO (b) <u>Arteriosclerosis</u>		
DO TO (c) <u>Hypertension</u>		
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 checked="" 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 <u>3-10</u> a.m. <u>4</u> p.m.	Month, Day, Year <u>Aug 24 '55</u> <u>July 4 '60</u>
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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 <u>St. James, Mo.</u>	COUNTY <u>Phelps</u>	STATE <u>MO.</u>
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21. I attended the deceased from Aug 24 '55 July 4 '60 and last saw her alive on July 4 '60
Death occurred at 3-10 4 p.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE <u>Joe A. Gasskreutz MD</u> (Degree or title)	22b. ADDRESS <u>St. James, Mo.</u>	22c. DATE SIGNED <u>7-5-60</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-6-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Soldiers Home Cem.</u>	23d. LOCATION (City, town, or county) <u>ST. James, MO.</u>
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24. FUNERAL DIRECTOR <u>Prof E. Lisliden - St James, Mo.</u>	ADDRESS <u>St James, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-5-1960</u>	26. REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 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 me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Orval E. Lickhild

Licensed Embalmer No. 354

P. O. Address St Jam

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