

FILED JAN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39784

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

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>157</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		b. COUNTY <u>Franklin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital - Washington</u>				d. STREET ADDRESS (If rural, give location) <u>309 Cedar St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>ANNA-PHILAMINA MARY SULLENTROP</u>		<u>Dec</u>		<u>29</u>		<u>1948</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Aug - 29 - 1869</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR <u>78</u> Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>William Sulletrup</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Baker</u>		14. NAME OF HUSBAND OR WIFE <u>never married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Melvire Sulletrup - Washington</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death. <u>93D</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral disintegration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis-hypertension</u> DUE TO (c) <u>fractures</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>Feb 26</u> , 1948, to <u>Dec 29</u> , 1948, that I last saw the deceased alive on <u>Dec 28</u> , 1948, and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. L. Foss M.D.</u>				23b. ADDRESS <u>Washington Mo</u>		23c. DATE SIGNED <u>12/29/48</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 31-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 30, 1948</u>		REGISTRAR'S SIGNATURE <u>J. H. [Signature]</u>		99		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] - Washington Mo</u>	

Date Filed JAN 6 1949
District File Number

District Health Officer No. 9,

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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.

Signed

Maurice H. Willenbrink

Signed _____
Student Embalmer

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

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.