

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17165

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 31970 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY **Jasper**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Webb City**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **Nursing Home on Jefferson Ave.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jasper**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Webb City (RURAL) Rt# 1 0490**
d. STREET ADDRESS (If rural, give location) **Oakland Corner on Range Line.**

3. NAME OF DECEASED
a. (First) **Andrew** b. (Middle) **Burns** c. (Last) **SULLENS**

4. DATE OF DEATH (Month) (Day) (Year)
May 24, 1950

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **October 5, 1871** 9. AGE (In years last birthday) **78** IF UNDER 1 YEAR Months **7** Days **18** IF UNDER 12 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman (Retired)** 10b. KIND OF BUSINESS OR INDUSTRY **Insurance**

11. BIRTHPLACE (State or foreign country) **Jefferson City, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **James Sullens** 13b. MOTHER'S MAIDEN NAME **Kate Hunter** 14. NAME OF HUSBAND OR WIFE **Violet Sullens**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Violet Sullens Rt# 1 Webb City, Missouri** ADDRESS _____

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral hemorrhage**
ANTECEDENT CAUSES **Arterio Sclerosis**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to **5-24, 1950**, that I last saw the deceased alive on **5-23, 1950**, and that death occurred at **12:20A m.**, from the causes and on the date stated above.

23a. SIGNATURE **Ed J. Service** (Degree or title) **Dr.** 23b. ADDRESS **Jasper, Mo.** 23c. DATE SIGNED **5-25-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **May 26, 1950** 24c. NAME OF CEMETERY OR CREMATORY **Forest Hill Cemetery** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **May 25-50** REGISTRAR'S SIGNATURE **J. L. Hutchings** 25. FUNERAL DIRECTOR'S SIGNATURE **Thornhill-Dillon Mort.** ADDRESS **Joplin, Mo.**

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

492
4

RECEIVED 6-1-50
Jasper County Health Office

County File Number 50-5-660

Date Filed 6-1-50

JUN 5 1950

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 _____
Student Embalmer

Signed Paula. Shubert

Licensed Embalmer No. 3090

P. O. Address Joplin, 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 this body is not embalmed, fact should be so stated above.