

THE DIVISION OF HEALTH OF THE STATE OF TEXAS  
STANDARD CERTIFICATE OF DEATH

State File No. **43811**

FILED DEC 31 1951

BIRTH NO. _____		REG. DIST. NO. <b>353</b>		PRIMARY REG. DIST. NO. <b>6196</b>		Registrar's No. <b>18</b>	
1. PLACE OF DEATH a. COUNTY <b>Texas</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Boone</b>			
b. CITY OR TOWN <b>Russ-Sherrell</b>		c. LENGTH OF STAY (in this place) <b>2 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Russ - Boone</b>		d. STREET ADDRESS (If rural, give location) <b>West of Licking Mo</b>	
3. NAME OF DECEASED a. (First) <b>Ollie</b> b. (Middle) <b>Lucinda</b> c. (Last) <b>Sullins</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>12-5-1951</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept 25, 1882</b>	
9. AGE (In years) (Month) (Day) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		11. BIRTHPLACE (State or foreign country) <b>Not known</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Levi Allen</b>		13b. MOTHER'S MAIDEN NAME <b>Not known</b>		14. NAME OF HUSBAND OR WIFE. <b>✓</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Bill Sullins</b> ADDRESS <b>Licking Mo</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Intraabdominal Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Primary Carcinoma of Colon</b> DUE TO (c) <b>Unknown</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Heart disease grade IV</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>153X</b>					
22. I hereby certify that I attended the deceased from <b>Nov. 15, 1951</b> to <b>Nov. 1, 1951</b> , that I last saw the deceased alive on <b>Nov. 1, 1951</b> , and that death occurred at <b>11:55 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b> (Degree or title)				23b. ADDRESS <b>Houston, Mo</b>		23c. DATE SIGNED <b>12/10/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>12-8-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cradlock Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Texas Co. Mo</b>	
DATE REC'D BY LOCAL REG. <b>Dec. 12, 1951</b>		REGISTRAR'S SIGNATURE <b>324 Elmore Heese</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Smith &amp; Ferguson</b> ADDRESS <b>Licking</b>			

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

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED DEC 21

Dist. File 2-27-319  
Date Filed 19-28-38

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

*Hubert E. Ferguson*

Licensed Embalmer No.

13945

P. O. Address

*Leckung MD*

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.