

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4555**

FILED FEB 18 1952

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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>3434</u>		Registrar's No. <u>21</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) <u>Rural St. John</u>		c. LENGTH OF STAY (In this place) <u>88 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural St. John</u>		OR TOWN <u>0360</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Krakow, Missouri</u>				d. STREET ADDRESS (If rural, give locality) <u>Krakow, Missouri</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>HENRY</u>		c. (Last) <u>SULLENTRUP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 10 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 2, 1863</u>		9. AGE (In years last birthday) <u>88</u>	10 UNDER 1 YEAR Months <u>6</u> Days <u>8</u>	11 UNDER 18 YRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cramer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Peter Sullenstrup</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Delecher</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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 <u>Miss Anna Sullenstrup</u>				ADDRESS <u>Krakow, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic C-V-R disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old age</u> DUE TO (c) <u>none</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Washington, MO.</u>					
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>2/9</u> , 19 <u>52</u> , to <u>2/10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/10</u> , 19 <u>52</u> , and that death occurred at <u>2:30 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Raymond J. Boggs, M.D.</u>				23b. ADDRESS <u>Washington, MO.</u>		23c. DATE SIGNED <u>11 Feb 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-13-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Krakow Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Feb. 11, 1952</u>		REGISTRAR'S SIGNATURE <u>G.L.P. Heideman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter S. G. Byrd</u>		ADDRESS <u>Washington, Mo.</u>			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Bill Willubink

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.