

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 19 1953

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 591 Registrar's No. 17

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JEFF</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JEFF.</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>VICTORIA RURAL</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>VICTORIA RURAL (CENTRAL)</u> | |
| c. LENGTH OF STAY (in this place) <u>34 Yr.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>VICTORIA RURAL (CENTRAL)</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1 MI. S. OF VICTORIA</u> | | f. STREET ADDRESS (If rural, give location) <u>1 MI. S. ON VICTORIA-HYFIELD RD.</u> | |

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|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LOU</u> b. (Middle) <u>ANNA</u> c. (Last) <u>SULLENS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>APR 11 1953</u> | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>N</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | |
| 8. DATE OF BIRTH <u>OCT. 6 1867</u> | | 9. AGE (In years last birthday) <u>85</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>JEFFERSON Co. Mo.</u> | |
| 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>MICHAEL GRAHAM</u> | | 13b. MOTHER'S MAIDEN NAME <u>JANE HELTERBRAND</u> | | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM SULLENS</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM SULLENS</u> | |
| | | | | ADDRESS <u>VICTORIA, MO.</u> | |

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|---|--|---|--|----------------------------------|--|
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Similitude</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid 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. | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>794X</u> | | 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) | | 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 1-23, 1953, to APR 11, 1953, that I last saw the deceased alive on 4-9, 1953, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

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|---|--|------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Chas E Jallet MD</u> | | 23b. ADDRESS <u>De Po 10 Mo</u> | | 23c. DATE SIGNED <u>4-13-53</u> | |
|---|--|------------------------------------|--|------------------------------------|--|

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|--|--|----------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>APR. 14 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>HELTERBRAND CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>CEDAR HILL MO</u> | |
|--|--|----------------------------------|--|---|--|---|--|

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|--|--|--|--|--|--|---------|--|
| DATE REC'D BY LOCAL REG. <u>58-53</u> | | REGISTRAR'S SIGNATURE <u>Sullivan Marsden</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel B. ...</u> | | ADDRESS | |
|--|--|--|--|--|--|---------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI

DATE RECEIVED MAY 18 1953

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

Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address W. St. 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.