

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27417**

FILED **AUG 1 1953**

REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **117**

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lilbourn		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp			d. STREET ADDRESS (If rural, give location) Route 1			
3. NAME OF DECEASED (Type or Print) a. (First) Linda b. (Middle) Gail c. (Last) Sullenger			4. DATE OF DEATH (Month) (Day) (Year) 7-22-1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH 7-19-1953		9. AGE (In years last birthday) 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY Baby	11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jesse Sullenger		13b. MOTHER'S MAIDEN NAME Gertrude Nolen		14. NAME OF HUSBAND OR WIFE ---		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 0		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME R. I. Jesse Sullenger ADDRESS Lilbourn Mo			
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) Atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature birth 6 1/2 mo DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 day
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) 7625			
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 7-19, 1953 , to 7/21, 1953 , that I last saw the deceased alive on 7/21, 1953 , and that death occurred at 6:30 PM , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Thomas C. McClure			23b. ADDRESS Sikeston, Mo		23c. DATE SIGNED 7/22/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7-23-1953	24c. NAME OF CEMETERY OR CREMATORY Mounds Cemetery		24d. LOCATION (City, town, or county) (State) New Madrid, Missouri		
DATE REC'D BY LOCAL REG. 7-24-53		REGISTRAR'S SIGNATURE Wm. C. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Father) Jesse Sullenger		

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10.48

RECEIVED JUL 27 1953
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 752-123

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.