

No. 300  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

# STANDARD CERTIFICATE OF DEATH

3434 State File No. **35561**

FILED OCT 26 1953

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>116</b>   |  | PRIMARY REG. DIST. NO. <b>3020</b>  |  | Registrar's No. <b>183</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Franklin</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: reference before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Rural Washington</b>   |  | c. LENGTH OF STAY (In this place)<br><b>79 yrs.</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Rural Washington</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>RR #1 West Washington</b> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>RR #1 West Washington</b>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>RR #1 West Washington</b>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>JOHN</b>   |  | b. (Middle)<br><b>F.</b>  |  | c. (Last)<br><b>SULLROP</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>10 20 1953</b>                  |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>  |  | 8. DATE OF BIRTH<br><b>Sept. 10, 1870</b>                                   |  |
| 9. AGE (In years last birthday) Months Days<br><b>83 1 10</b>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Carpenter</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Washington Mo.</b> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |  | 13a. FATHER'S NAME<br><b>Dwight J. Sullrop</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Henderson</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b>                              |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mr. C. Sullrop Washington, Mo.</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Senility</b><br>DUE TO (c) <b>myocardial degeneration</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Chr. nephritis. Senile dementia 3 yrs.</b> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>4221</b>   |  |   |  | 20. AUTOPSY?<br>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) 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 <b>Aug 5, 1947</b> , to <b>Oct 30, 1953</b> , that I last saw the deceased alive on <b>Oct 18, 1953</b> , and that death occurred at <b>9:30 a. m.</b> , from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>L. Murch O. M.D.</b>   |  |   |  | 23b. ADDRESS<br><b>Washington Mo.</b>   |  | 23c. DATE SIGNED<br><b>10-21-53</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24b. DATE<br><b>10-23, 1953</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. Francis Borgia Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Washington Missouri</b> |  |
| DATE REC'D BY LOCAL REG.<br><b>10/22/53</b>   |  | REGISTRAR'S SIGNATURE<br><b>J. P. Henderson</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>W. H. G. ...</b>   |  | ADDRESS<br><b>Washington, Mo.</b>   |  |

(Licensed Embalmer's Signature on Reverse Side)

**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 *W. W. DeBink*

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.