

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33516

State File No.

FILED OCT 18 1954

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 155

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WASHINGTON</u> c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY OR TOWN <u>SULLIVAN</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>357 S. OHIVE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>REVIL</u> b. (Middle) <u>OPAL</u> c. (Last) <u>KING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 10 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 13, 1910</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>44</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <u>DENT COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>SAM DILKS</u>		13b. MOTHER'S MAIDEN NAME <u>MOBBIE EVANS DECEASED</u>	
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) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mobbie Dilke Sullivan, Mo.</u> ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>(a) MEDICAL CERTIFICATE FOR Pulmonary Edema</u> <u>(b) Thrombocytopenic purpura</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
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) <u>296X</u>			
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 <u>Oct 4, 1954</u> to <u>Oct 10, 1954</u> , that I last saw the deceased alive on <u>Oct 9, 1954</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John J. de la Torre M.D.</u>		23b. ADDRESS <u>Sullivan, Mo.</u>	
23c. DATE SIGNED <u>10/11/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/12/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CROSSROADS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HEASBURG Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/11/54</u>		REGISTRAR'S SIGNATURE <u>Z.P. Herdman</u> ADDRESS _____	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Z.P. Herdman</u>		ADDRESS <u>Sullivan, 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. A. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *Sullivan*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.