

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19273

State File No. ....

FILED JUN 17 1955  
BIRTH NO. 97051-55 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Ray</i>	
b. CITY OR TOWN <i>Lafayette</i>		c. CITY OR TOWN <i>Richmond</i>	
c. LENGTH OF STAY (in this place) <i>5 hours</i>		d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Memorial Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>207 Gales Street 0891</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>DANA</i> b. (Middle) <i>LYNN</i> c. (Last) <i>SULLARD</i>			DATE OF DEATH (Month) (Day) (Year) <i>June 5, 1955</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>	8. DATE OF BIRTH <i>June 4, 1953</i>
9. AGE (In years) (Last birthday) <i>0</i> Months <i>0</i> Days <i>0</i> Hours <i>5</i> Min.		11. BIRTHPLACE (City and State or Foreign Country) <i>Lafayette, Missouri</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Marion Sullard</i>	
13b. MOTHER'S MAIDEN NAME <i>Wanda Lee Sawyer</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Marion Sullard</i>		ADDRESS <i>Richmond, Missouri</i>	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Premature birth</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>partial placenta previa in mother</i>	
		DUE TO (c) <i>7615</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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)			
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 <i>6-4</i> , 1955, to <i>6-5</i> , 1955, that I last saw the deceased alive on <i>6-4</i> , 1955, and that death occurred at <i>4:00</i> a. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>J. A. Crozier, M.D.</i> (Degree or title)		23b. ADDRESS <i>Richmond, Mo.</i>	
23c. DATE SIGNED <i>6-6-55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>June 6, 1955</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Richmond Missouri</i>	
DATE REC'D BY LOCAL REG. <i>6-9-55</i>		REGISTRAR'S SIGNATURE <i>Wanda Sullard</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Wanda Sullard</i>		ADDRESS <i>Richmond Missouri</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*George H. Gile*

Licensed Embalmer No. 406

P. O. Address *Richmond*

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.