

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **19768**FILED JUN 22 1956  
BIRTH NO. **3652256** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **345**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Poplar Bluff</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LucyLee Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>Route # 3</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Stephen</b> c. (Last) <b>Sun</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 8, 1956</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>June 7, 1956</b>	9. AGE (in years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Poplar Bluff, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Stephen Sun</b>			13b. MOTHER'S MAIDEN NAME <b>Kathleen Flood</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Stephen Sun, Poplar Bluff, Mo.</b>		ADDRESS		
18. CAUSE OF DEATH Enter only one cause; per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Erythroblastosis, Fetalis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>25 hours</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7700</b>			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) (Min)		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>6-7-</b> ____, 19 <b>56</b> , to <b>6-8-</b> ____, 19 <b>56</b> , that I last saw the deceased alive on <b>6-8-</b> ____, 19 <b>56</b> , and that death occurred at <b>2:30P</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Cyril A. Post M.D.</b>			23b. ADDRESS <b>Poplar Bluff, Missouri</b>		23c. DATE SIGNED <b>6-13-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-8-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>6/16/56</b>		REGISTRAR'S SIGNATURE <b>PH Muehlen</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank-Cotrell Poplar Bluff, Mo.</b>				

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

RECEIVED  
JUN 18 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 *Good W. Green* \_\_\_\_\_

Licensed Embalmer No. *299*

P. O. Address *Butler, Pa.*

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.