

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33221
STATE FILE NUMBER

FILED NOV 13 1956

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1182

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) Town St. Joseph		c. CITY OR TOWN St. Joseph 01170	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital-40		d. STREET (If outside, give location) yrs, ADDRESS 630 N. 20th Street	
3. NAME OF DECEASED (Type or print) First Elsie Middle Lela Last Sullenger		4. DATE OF DEATH Month November Day 4, 1956. Year 1956.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 19, 1902 54
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Secretary	11. BIRTHPLACE (City and state or country) Frankfort, Kansas.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Secretary		10b. KIND OF BUSINESS OR INDUSTRY to local Post Master Civil Service.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME A. J. Clark		14. MOTHER'S MAIDEN NAME Agnes Mengerr	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No *****		16. SOCIAL SECURITY NO. 491-09-7947	17. INFORMANT Virgil Sullenger
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Polycystic Kidneys bilateral		INTERVAL BETWEEN ONSET AND DEATH 6 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hypertension	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7571	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) -		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 10-11-56 to 11-4-56 and last saw her alive on 11-31-56 Death occurred at 3:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Kathleen M. Allison</i> (Degree or title)		22b. ADDRESS 207 Phy. and Surg. St. Joseph, Missouri	22c. DATE SIGNED 11-6-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 6, 1956	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Funeral Home, Inc. St. Joseph, Mo. Nov 8, 1956		25. DATE RECD. BY LOCAL REG. Nov 8, 1956	26. REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement 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.....
Signature of Student Embalmer

Signed *Louis J. Blaney*.....

Licensed Embalmer No.....46

P. O. Address St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.