

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

258875

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>FARMINGTON TWP.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>JENNINGS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. HOSP. #4</u> Length of stay in lb <u>19y, 7m, 12d</u>		d. STREET ADDRESS (If outside, give location) <u>5768 HELEN AVE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ORA</u> Middle <u>MAY</u> Last <u>HOUSKA</u>			4. DATE OF DEATH Month <u>July</u> Day <u>8</u> Year <u>1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 15 1960</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>23</u> Hours <u></u> Min. <u></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 <u>—</u>	11. BIRTHPLACE (City and state or country) <u>JEFF. CO. MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>GEO. M. SULLENS</u>			14. MOTHER'S MAIDEN NAME <u>SARAH E. STEPHENS</u>		
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 <u>ROY SULLENS HILLSBORO MO</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 das.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Ruptured diverticulum</u>	<u>4 das.</u>
	DUE TO (c) <u>Diverticulosis</u>	<u>Unknown.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Dementia Praecox Psychosis</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>		
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 July 4, 1957 to July 8, 1957 and last saw her alive on July 8, 1957.
Death occurred at 11:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John W. Brennan M.D.</u>	22b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	22c. DATE SIGNED <u>7-8-57</u>
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>BURIAL</u>	23b. DATE <u>JULY 11 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WARE CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>WARE Mo.</u>
24. FUNERAL DIRECTOR <u>Samuel B. Dietrich</u>	25. DATE RECD. BY LOCAL REG. <u>July 8, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

800
-56

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 27 1957

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 *Donnell B. Dietz*

Licensed Embalmer No. *410*

P. O. Address *Adelphi*

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.