Health, & Welfare Public Service

40
1
300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024811
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 48 Primary Registration District No. 5173 A Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cedar City, Mo — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Cedar City, Mo. 0140 0 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First DIANNA Middle LYNN Last SULLENS

4. DATE OF DEATH Month Day Year JULY 31, 1958

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 31, 1956
9. AGE (In years last birthday) 1 — IF UNDER 1 YEAR Months 9 Days 0 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Tuscumbia, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harold Sullens
13b. MOTHER'S MAIDEN NAME Bonnie Morgan
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Harold Sullens Address Cedar City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Electrocution — INTERVAL BETWEEN ONSET AND DEATH Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 9140
DUE TO (c) 22
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Touched drop light cord in yard 014
20c. TIME OF INJURY Hour 6:40 p.m. Month, Day, Year 7-31-58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home
20f. CITY, TOWN, OR LOCATION Cedar City COUNTY Callaway STATE Mo

21. I attended the deceased from 7/31/58, to 7/31/58 and last saw her alive on
Death occurred at 6:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Francis X. Meier MD 0
22b. ADDRESS Jeff. City, Mo.
22c. DATE SIGNED 8/1/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/4/58
23c. NAME OF CEMETERY OR CREMATORY Our Lady of the Snows
23d. LOCATION (City, town, or county) (State) Marys Home, Mo.

24. FUNERAL DIRECTOR Sylvester Sulle ADDRESS J C Mo.
25. DATE RECD. BY LOCAL REG. 1 August 1958
26. REGISTRAR'S SIGNATURE R. P. Dorris, MD-MR

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ....Sylvester Quille.....

Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.