

Dr. ~~XXXXX~~ Hahn

STANDARD CERTIFICATE OF DEATH

FILED JUL 7 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 718

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. MISSOURI b. COUNTY TANEY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BRANSON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 16 DAYS	d. STREET ADDRESS 320 COMMERCIAL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First KARL Middle Last SULLINGER			4. DATE OF DEATH Month JUNE Day 28 Year 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 10 1911	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY BLINKLY MOTOR CO.	11. BIRTHPLACE (City and state or country) BRANSON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HENRY SULLINGER		13b. MOTHER'S MAIDEN NAME MAIGME LINZY		14. NAME OF HUSBAND OR WIFE X	
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. 495-01-6601	17. INFORMANT Address MRS. HENRY SULLINGER BRANSON, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uremia DUE TO (b) chronic glomerulonephritis DUE TO (c) 592X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) hypertensive cardiovascular disease (due to I b)					INTERVAL BETWEEN ONSET AND DEATH > 1 mo unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 6-12-59 , to 6-28-59 and last saw her/him alive on 6/28/59 Death occurred at 10:32 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) [Signature] M.D.			22b. ADDRESS 609 Cherry-Springfield, Mo.		22c. DATE SIGNED 6-29-59
23a. BURIAL, CREMATION, or other final disposition (Specify) BURIAL		23b. DATE 7/1/59	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL CEM.		23d. LOCATION (City, town, or county) (State) BRANSON, MISSOURI
24. FUNERAL DIRECTOR ADDRESS H. H. LOHMEYER SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 6-29-59		26. REGISTRAR'S SIGNATURE Effie G. Melton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 7 1959

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 *H. J. McCann*

Licensed Embalmer No. *2727*

P. O. Address: *St. Paul* *MO*

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.