

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-027886**

**FILED VS AUG 11 1959**

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boone</u>		Length of stay in lb <u>Life</u>		c. CITY OR TOWN <u>Licking</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location) <u>NW 7 Licking &amp; Ma</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James E</u> Middle <u>S</u> Last <u>SULLINS</u>				4. DATE OF DEATH Month <u>July</u> Day <u>29</u> Year <u>1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>8-19-1905</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Deer, Texas, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>John Sullins</u>			13b. MOTHER'S MAIDEN NAME <u>Nora Herring</u>		14. NAME OF HUSBAND OR WIFE <u>Besse Sullins</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.		17. INFORMANT <u>Rube Sullins Licking Mo</u> Address			
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>Cardiac + pulmonary arrest.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hour.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>coronary occlusion</u>					
		DUE TO (c) <u>Coronary thrombosis.</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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>8:00</u> a.m. <u>0</u> p.m. <u>0</u>		Month, Day, Year					
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 <u>Licking, Mo</u>		COUNTY STATE	
21. I attended the deceased from <u>Dead on arrival.</u> to _____ and last saw her/him alive on _____ Death occurred at <u>8:00</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>B.J. Myers D.O.</u> (Degree or title)				22b. ADDRESS <u>Licking, Mo</u>		22c. DATE SIGNED <u>8-1-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>8-2-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Craddock Cem</u>		23d. LOCATION (City, town or county) (State) <u>Texas, Mo</u>	
24. FUNERAL DIRECTOR <u>Smith-Tyson Licking Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Aug. 4, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Edna Hester</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6901 8 X 50W

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert E. Ferguson

Licensed Embalmer No. 394

P. O. Address Licking

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

*[Faint handwritten text at the bottom of the page]*