

Registration District No. \_\_\_\_\_ Primary Registration District No. 3010 Registrar's No. 307

AMENDED  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

|   |  |   |  |   |   |  |  |   |  |   |  |  |  |
|---|--|---|--|---|---|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cape Girardeau</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Cape Girardeau</b>              |   |  |  |   |  |   |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Cape Girardeau</b>   |  | Length of stay in 1b<br><b>55 yr</b>  |  | c. CITY OR TOWN <b>Cape Girardeau</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |  |   |  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>21 A N Sprigg</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>21 A N Sprigg</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |  |   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or print) <b>Edgar Sullenger</b>   |  |   |  | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>22</b> Year <b>1961</b>  |   |  |  |   |  |   |  |  |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>Oct 5 1876</b>  |  | 9. AGE (last birthday)<br><b>84</b>         |  | IF UNDER 1 YEAR<br>Months <b>9</b> Days <b>17</b> |  | IF UNDER 24 HR<br>Hours <b>17</b> Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Construction</b>  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Construction</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>Rum Branch Mo.</b>                  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A</b> |  |   |  |  |  |
| 13a. FATHER'S NAME<br><b>L.L Sullenger</b>  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Marcella Linceum</b>  |   |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |  |   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no no</b>   |  |   |  | 16. SOCIAL SECURITY NO.<br><b>no</b>  |   | 17. INFORMANT<br><b>Mr Claty Sullenger</b>   |  | Address<br><b>Cape Gir</b>                  |  |   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> Interval Between Onset and Death <b>Immediate</b><br>DUE TO (b) <b>Arteriosclerotic Heart Disease</b> <b>Unknown</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (c) _____ |  |   |  |   |   |  |  |   |  |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>aortic insufficiency &amp; Chronic bronchitis</b>  |  |   |  |   |   |  |  |   |  |   |  |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.   |  | 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  |   | COUNTY   |  | STATE                                       |  |   |  |  |  |
| 21. I attended the deceased from <b>7-20-60</b> to <b>7-22-61</b> and last saw <sup>him</sup> <del>her</del> alive on <b>Dec, 1960</b><br>Death occurred at <b>4<sup>50</sup> A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |   |   |  |  |   |  |   |  |  |  |
| 22a. SIGNATURE<br><b>Ronald M. Hoxworth M.D.</b> (Degree or title)  |  |   |  | 22b. ADDRESS<br><b>24 N. Sprigg St. Cape Girardeau, Mo.</b>   |   |  |  | 22c. DATE SIGNED<br><b>7/26/61</b> (State)  |  |   |  |  |  |
| 23a. BURIAL CREMATION, etc.<br>(Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>July 24 7-24-1961</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park</b>  |   | 23d. LOCATION (City, town, or county)<br><b>Cape Girardeau Mo.</b>                   |  |   |  |   |  |  |  |
| 24. FUNERAL DIRECTOR<br><b>Brinkopf Howell Cape Gir Mo.</b> ADDRESS   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>7-28-61</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>James Kasten</b>                                     |  |   |  |   |  |  |  |

**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 W. H. Eester

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.