# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-041815

STATE FILE NUMBER

AMENDED

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 62

FILED DEC 5 1961

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Versailles
Length of stay in 1b Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 400 S. Fisher
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Morgan
c. CITY OR TOWN Versailles
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 400 S. Fisher
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Alice Middle Katherine Last Sullens
4. DATE OF DEATH Month Nov. Day 23 Year 1961
5. SEX Female
6. COLOR OR RACE Cau.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-23-70
9. AGE (last birthday) 90
IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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) Miller County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John P. Sullens
13b. MOTHER'S MAIDEN NAME Elizabeth Waddell
14. NAME OF HUSBAND OR WIFE Never Married
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 Leroy Sullens Address Versailles, 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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart disease
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11.10.61, to 11.23.61 and last saw her/him alive on 11.23.61
Death occurred at 5 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack Gunn MD (Degree or Title)
22b. ADDRESS Versailles, Mo
22c. DATE SIGNED 11.24.61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 26-61
23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery
23d. LOCATION (City, town, or county) Versailles, Mo. (State)

24. FUNERAL DIRECTOR Kidwell Funeral Home ADDRESS Versailles, Mo.
25. DATE RECD. BY LOCAL REG. 11-30-61
26. REGISTRAR'S SIGNATURE J L Washburn

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**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 Raymond C. Huber

Licensed Embalmer No. 4626

P. O. Address Versailles, 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.