

FILED JUN 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. H. D. KOLLINS  
State File No. 17441

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 4494 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY SHANNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY SHANNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WINONA		c. CITY OR TOWN WINONA	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 1010	

3. NAME OF DECEASED (Type or Print) a. (First) Lidoshia b. (Middle) FRANCIS c. (Last) Sallee			4. DATE OF DEATH (Month) (Day) (Year) MAY 29-1955			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAR. 25-1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Days 2	IF UNDER 24 HRS. Hours Min. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Henderson Co. Kent.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James D. Devine	13b. MOTHER'S MAIDEN NAME SHARLOTTE CLAUNCH	14. NAME OF HUSBAND OR WIFE Della Swain Winona, Mo.
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Della Swain Winona, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1950
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DIABETES MELLITUS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		260X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 1950 to MAY 29, 1955, that I last saw the deceased alive on MAY 20, 1955 and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. A. Rullin MD (Degree or title)	23b. ADDRESS Winona Mo.	23c. DATE SIGNED 4-8-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE MAY 30-55	24c. NAME OF CEMETERY OR CREMATORY BAPTIST	24d. LOCATION (City, town, or county) (State) WINONA, Mo.
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DATE REC'D BY LOCAL REG. 6-13-55	REGISTRAR'S SIGNATURE [Signature]	447	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DUNCAN'S Mt. View, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 22 1958

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 *Joe P. Suscas* ..... Licensed Embalmer No. *432* ..... P. O. Address *Mt. View* .....

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.