

S. No. 2  
M-5-43  
v. 5-17-39  
X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16773

State File No. \_\_\_\_\_

FILED MAY 27 1948

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Capital City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community 4 mos. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town De Soto  
(If outside city or town limits, write "RURAL")  
(d) Street No. 113 E. Clement St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LAURETTA ANN SULLIVAN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. no

4. Sex F. 5. Color or race w  
6. (a) Single, widowed, married divorced married  
6. (b) Name of husband or wife Francis Sullivan  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased Feb. 9 1868  
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washington Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Christopher Hayes

13. Birthplace Washington Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name Jucy Bellfield

15. Birthplace Wash. Co. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mona McDonald

(b) Address De Soto, Mo

17. (a) Burial (b) Date thereof May 17 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Lawn

18. (a) Signature of funeral director J. Bee Mathershead

(b) Address De Soto, Missouri

19. (a) May 13 1948 (b) Class Bellmiller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th  
year 1948 hour 9 minute 13 P. M.  
21. I hereby certify that I attended the deceased from January 6th  
1948 to April 8 1948  
that I last saw her alive on April 7th 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery occlusion Duration \_\_\_\_\_

Due to Coronary heart failure  
artery sclerosis & glomerulonephritis

Due to Stroke

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 130  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Arthur Benton (M.D. or other) \_\_\_\_\_

Address De Soto, Mo Date signed April 8 1948

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

MOTHER FATHER

MAY 26 1948

Date Filed

District File Number

District Health Officer No. 9,

RECEIVED

MAY 5 1949

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

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*J. Lee Mothershead*

Licensed Embalmer No. 3531

P. O. Address .....

**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 this body is not embalmed, fact should be so stated above.