

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 14 1949

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.	c. LENGTH OF STAY (In this place) 10 Min.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1912 Pacific Street	

3. NAME OF DECEASED (Type or Print) a. (First) Ellen b. (Middle) Sullivan c. (Last) Sullivan			4. DATE OF DEATH (Month) (Day) (Year) March 2 1949		
---	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 4, 1885		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
---------------	------------------------	--	-------------------------------	--	------------------------------------	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd. Mach. Operator		10b. KIND OF BUSINESS OR INDUSTRY Wheeler-Mottors		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
---	--	---	--	---	--	-------------------------------------	--

13a. FATHER'S NAME Daniel Sullivan		13b. MOTHER'S MAIDEN NAME Margaret Kelly		14. NAME OF HUSBAND OR WIFE	
------------------------------------	--	--	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or date of service) None	17. INFORMANT'S SIGNATURE OR NAME F.W. Sullivan		ADDRESS 1912 Pacific St.	
--	---	---	--	--------------------------	--

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, assthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thromb		INTERVAL BETWEEN ONSET AND DEATH 1 hr -
	ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carotony sclerosis.		3 hr -
	DUE TO (c) enters pl. gr		5 hr.
	11. OTHER SIGNIFICANT CONDITIONS (d) Conditions contributing to the death but not related to the disease or condition causing death. diabet mel.		1 hr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	---------------------------------------	--	--	--

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)		
--	--	---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
---	---	----------------------------	--	--

22. I hereby certify that I attended the deceased from April, 1946, to Feb, 1947, that I last saw the deceased alive on Feb 2, 1949, and that death occurred at 7:30p m., from the causes and on the date stated above.

23a. SIGNATURE Frank Handigan (Degree or title)	23b. ADDRESS St. Joseph Mo. 670 Spruce	23c. DATE SIGNED 3/6/49
---	--	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/5/1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
--	--------------------	--	---	--

DATE REC'D BY LOCAL REG. Mar 7, 1949	REGISTRAR'S SIGNATURE G. B. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Sidonaden	ADDRESS 1802 Union St.	
--------------------------------------	---	--	------------------------	--

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

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
Student Embalmer

Signed Elmer Phoenix

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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 this body is not embalmed, fact should be so stated above.