

FILED MAR 28 1949

# STANDARD CERTIFICATE OF DEATH

State File No. 7914BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 16

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Dent</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. LENGTH OF STAY (in this place) OR TOWN <u>1 yr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location)	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Rachel</u> b. (Middle) <u>P</u> c. (Last) <u>Sullivan</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>2/22/49</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Oct 9, 1878</u>
<b>9. AGE</b> (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Douglas County Missouri</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At Home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>--</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>
<b>13a. FATHER'S NAME</b> <u>Marion Woods</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Jane Sisco</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>George Sullivan</u>
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>--</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Sarah Sullivan Salem, Mo.</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Ac. Congestive Heart Failure</u> ANTECEDENT CAUSES <u>Cardiac Valvular defects.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Interruption of Major Arteries</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from</b> <u>1-29</u> , 1949, to <u>2-21</u> , 1949, that I last saw the deceased alive on <u>2-21</u> , 1949, and that death occurred at <u>2:30</u> p.m.; from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree of title) <u>Joseph P. Burnett M.D.</u>		<b>23b. ADDRESS</b> <u>Salem Missouri</u>	<b>23c. DATE SIGNED</b> <u>2-23-49</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>2/23/49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Bunker</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Bunker, Missouri</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>Feb 25-49</u>		<b>REGISTRAR'S SIGNATURE</b> <u>M. M. Hart M.D. (197)</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Carl K. Spencer Salem, Missouri</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-1-49

District Health Officer No. 5,

District File No. 349-178

Date Filed 3-21-49

**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 \_\_\_\_\_  
\_\_\_\_\_ Licensed Embalmer No. \_\_\_\_\_  
\_\_\_\_\_ 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.