FILED MAR 19 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

9169

State File No.

BIRTH NO. REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No.

**1. PLACE OF DEATH**
a. COUNTY Macon Co. Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) La Plata
c. LENGTH OF STAY (In this place) 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) La Plata Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) La Plata
d. STREET ADDRESS (If rural, give location) 0

**3. NAME OF DECEASED** (Type or Print)
a. (First) Benjamin
b. (Middle) R.
c. (Last) Sullivan

**4. DATE OF DEATH** (Month) (Day) (Year) Mar. 3 1949

**5. SEX** M. 0
**6. COLOR OR RACE** W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married
**8. DATE OF BIRTH** June 21 - 1870
**9. AGE** (In years last birthday) 78 IF UNDER 1 YEAR Months 8 Days 12 IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Retired Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country) Adair Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME** Henry Sullivan
**13b. MOTHER'S MAIDEN NAME** Mary Linder
**14. NAME OF HUSBAND OR WIFE** Lana R Sullivan

**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.**
**17. INFORMANT'S SIGNATURE OR NAME** Lana R Sullivan **ADDRESS** La Plata

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive heart disease — 10 years
DUE TO (c) Chronic Glomerular nephritis — 15 years

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 592R
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Feb 26, 1949, *to* March 3, 1949, *that I last saw the deceased alive on* March 3, 1949 *and that death occurred at* 6:30 a m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Ralph Gilbert (Degree or title) DO
**23b. ADDRESS** La Plata Mo
**23c. DATE SIGNED** 3-2-1949

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Mar 5-49
**24c. NAME OF CEMETERY OR CREMATORY** La Plata
**24d. LOCATION** (City, town, or county) (State) La Plata Mo.

**DATE REC'D BY LOCAL REG.** Mar 5-49
**REGISTRAR'S SIGNATURE** Mrs O B Griffin
**25. FUNERAL DIRECTOR'S SIGNATURE** D S Christie **ADDRESS** La Plata

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 3-49-499
Date Filed MAR 17 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 ....., Student Embalmer No. ..... working under my personal supervision.

Signed D. S. Christie

Signed .....
Student Embalmer

Licensed Embalmer No. 1109

P. O. Address Le Plata Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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