

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23668

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3221

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 2514 Mersington	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED a. (First) Edward b. (Middle) G. c. (Last) SULLIVAN			4. DATE OF DEATH (Month) (Day) (Year) July 23, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Special Agent		10b. KIND OF BUSINESS OR INDUSTRY Ins. Boiler Insp. Co.		8. DATE OF BIRTH Oct. 26th, 1897	
11. BIRTHPLACE (State or foreign country) Kansas City, Mo.		9. AGE (In years last birthday) 51		12. CITIZEN OF WHAT COUNTRY? U S	

13a. FATHER'S NAME Edward A. Sullivan		13b. MOTHER'S MAIDEN NAME Ellen Riley		14. NAME OF HUSBAND OR WIFE Katheryn Sullivan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-03-6442		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Katheryn Sullivan 2514 Mersington	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Hypertension			
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac hypertrophy			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Pathologist, to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE F. P. Niedermeyer (Degree or title)		23b. ADDRESS 5910 Mcbee, N. C. Mo.		23c. DATE SIGNED 7-24-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 26, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Marys	
		24d. LOCATION (City, town, or county) Kansas City, Mo.		(State)	

DATE REC'D BY LOCAL REG. 7-25-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley Eylar Kansas City, Mo.	
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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

Elen E. Heck

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, Mo.*

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

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