

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **36258**

BIRTH NO. _____		REG. DIST. NO. <u>16</u>		PRIMARY REG. DIST. NO. <u>4030</u>		Registrar's No. <u>18</u>		
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>				
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Golden City</u>		c. LENGTH OF STAY (in this place) <u>42 yrs</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Golden City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CALVIN</u> b. (Middle) <u>TIMOTHY</u> c. (Last) <u>SULLIVAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 4, 1873</u>		
9. AGE (in years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hillsboro, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Calvin Sullivan</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Dort</u>			14. NAME OF HUSBAND OR WIFE <u>Lillie Sullivan</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Sullivan, Golden City, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		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 <u>August 18, 1948</u> to <u>Nov. 15, 1949</u> , that I last saw the deceased alive on <u>Nov 15, 1949</u> , and that death occurred at <u>6:35 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Rudolf Kueppel M.D.</u>				23b. ADDRESS <u>Golden City, Mo.</u>		23c. DATE SIGNED <u>11/17/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 18, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pippenger Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dade Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 17, 1949</u>		REGISTRAR'S SIGNATURE <u>Nazel D. Pugh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phillips Funeral Home</u>		ADDRESS <u>Golden City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 8 1949

RECEIVED NOV 23 1949

District Health Office No. 6,

District File Number 11488-1255  
Date Filed 11-28-49

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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 A. J. Rugh

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.