

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5719

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5939 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Cold Spring Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (in this place) 38 years		d. STREET ADDRESS (If rural, give location) Cold Springs, Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Cassie	b. (Middle) Elliott	c. (Last) Sullivan	4. DATE OF DEATH (Month) (Day) (Year) January 21, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 31, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Charles S. Meegan	13b. MOTHER'S MAIDEN NAME Martha Elliott	14. NAME OF HUSBAND OR WIFE Jessie Sullivan
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jane Christensen,	ADDRESS Rolla, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-21, 1950, to 1-21, 1950 that I last saw the deceased alive on 1-21, 1950 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E. E. Fink M.D. (Degree or title)	23b. ADDRESS Rolla, Mo.	23c. DATE SIGNED 1-27-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 23, 1950	24c. NAME OF CEMETERY OR CREMATORY Maplewood, Missouri	24d. LOCATION (City, town, or county) (State) Missouri
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DATE REC'D BY LOCAL REG. 2-13-50	REGISTRAR'S SIGNATURE Nadine L. Stoeck 380	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Hall	ADDRESS Rolla, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0810
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0810

331X

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 2-21-50

DEC 21 1950

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 *J. H. Loran*

Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

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.