

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

36057

State File No. ....

FILED DEC 12 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 214

1. PLACE OF DEATH  
 a. COUNTY Audrain  
 b. CITY (If outside corporate limits, write RURAL and give township) OR Town Mexico  
 c. LENGTH OF STAY (in this place) 1 day  
 d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri  
 b. COUNTY Audrain  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico  
 d. STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED  
 a. (First) NELLIE b. (Middle) A. c. (Last) SULLIVAN  
 4. DATE OF DEATH (Month) NOV. (Day) 30 (Year) 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH July 14, 1887 9. AGE (In years) 63 (If under 1 year: Months) (If under 12 mos. Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Greene County, Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jesse Gound 13b. MOTHER'S MAIDEN NAME Elizabeth Pinkerton 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Buck Smith, Mexico, Mo. ADDRESS \_\_\_\_\_

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.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Lobar pneumonia  
 ANTECEDENT CAUSES Cerebral Hemorrhage  
 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.  
301X

INTERVAL BETWEEN ONSET AND DEATH  
 YES  NO

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None 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) (Min.) 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 Nov 28, 1950, to Nov 30, 1950, that I last saw the deceased alive on Nov 30, 1950, and that death occurred at 5:40 p. m., from the causes and on the date stated above.

23a. SIGNATURE H. A. Bond (Degree or title) D.O. 23b. ADDRESS Mexico Mo. 23c. DATE SIGNED Dec 1-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec. 3, 50 24c. NAME OF CEMETERY OR CREMATORY Elmwood 24d. LOCATION (City, town, or county) (State) Mexico, Mo.

DATE REC'D BY LOCAL REG. Dec-1-1950 REGISTRAR'S SIGNATURE Blanche Neely 25. FUNERAL DIRECTOR'S SIGNATURE James ... ADDRESS Mexico, Mo.

(Licensed Emballer's Statement on Reverse Side)

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

042  
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Date Received: DEC 5 1957  
DISTRICT HEALTH OFFICE #2  
District File Number 12-50-  
Date Filed: DEC 7 1957

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Paul E. Pruebs

Signed.....  
Student Embalmer

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.