

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **17654**

FILED MAY 24 1951

BIRTH NO. _____		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. <b>3056</b>		Registrar's No. <b>124</b>	
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		1883	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>819 So 4<sup>th</sup></b>				d. STREET ADDRESS (If rural, give location) <b>819. So 4<sup>th</sup></b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Sullivan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 15<sup>th</sup> 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Apr. 19<sup>th</sup> 1872</b>		9. AGE (In years last birthday) <b>79</b>	10. MONTHS <b>0</b>	11. DAYS <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rtd. machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>9</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Patrick Sullivan</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen O'Hern</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. L. Sullivan Moberly, Mo</b>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis with Dropsy</b>				<b>several wks</b>	
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		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. <b>Carcinoma of prostate</b>				<b>2 years ?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222 H</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 <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 <b>May 11</b> , 19 <b>51</b> , to <b>May 15</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>May 15</b> , 19 <b>51</b> , and that death occurred at <b>9:25 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or title) <b>Dr. R. E. Goble, M.D.</b>				23b. ADDRESS <b>400 1/2 West Reed, Moberly, Mo</b>		23c. DATE SIGNED <b>May 18/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 17-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Mary's</b>		24d. LOCATION (City, town, or county) (State) <b>Moberly, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>May 17-51</b>		REGISTRAR'S SIGNATURE <b>Leah Williams</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Malone and Son</b>		ADDRESS <b>Moberly, Mo</b>	

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

5583

MAY 27 1951

MAY 13 1951

MAY 14 1951

Date Received: MAY 21 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 357-938  
Date Filed: MAY 22 1951

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 Frank D. Hutt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.