

FILED JUL 3 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20473

Registrar's No. 226

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		State File No. 20473		Registrar's No. 226							
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 township) OR TOWN INDEPENDENCE Mo				c. LENGTH OF STAY (in this place) 1 day											
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION INDEPENDENCE SAN				d. STREET ADDRESS (If rural, give location) 1536 CHELSEA STREET											
3. NAME OF DECEASED (Type or Print) JOHN T. SULLIVAN			a. (First)			b. (Middle)			c. (Last)						
4. DATE OF DEATH JUNE 16 1951			(Month)			(Day)			(Year)						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOVEMBER 1, 1873		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-SECURITY MANUFACTURING Co.				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) BUTLER, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME PETER SULLIVAN				13b. MOTHER'S MAIDEN NAME MARY E. DUDLEY				14. NAME OF HUSBAND OR WIFE MARY ANN SULLIVAN							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 486-05-3354				17. INFORMANT'S SIGNATURE OR NAME Mrs. Lottie Johnston, 1536 Chelsea, K.C. 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease								INTERVAL BETWEEN ONSET AND DEATH 3 years			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)											
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Occlusive Peripheral Vascular Disease								3 years			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4221								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) 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 Dec 1946 to June 16, 1951, that I last saw the deceased alive on June 15, 1951, and that death occurred at 6:40 a.m., from the causes and on the date stated above.															
23a. SIGNATURE Chas. Grady, M.D. (Degree or title)						23b. ADDRESS Independence, Mo.				23c. DATE SIGNED 6/16/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 18, 1951		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY KANSAS CITY MISSOURI				24d. LOCATION (City, town, or county) (State)							
DATE REC'D BY LOCAL REG. 6-18-51		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE [Signature]				ADDRESS					

JUL 2 REED

Index No.

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 *Bernard J. Moran*

Licensed Embalmer No. *4250*

P. O. Address *1911 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.