

No. 300
10. 48

25872

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

FILED AUG 8 1951

State File No.

BIRTH NO. REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILL. b. COUNTY	
b. CITY OR TOWN CHAFFEE	c. LENGTH OF STAY (In this place) 2 MOS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MURPHY SOBORO	
d. FULL NAME OF HOSPITAL OR INSTITUTION 212 ELLIOT AVE		d. STREET ADDRESS (If rural, give location) 1512 OAK ST. 8120	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) ALICE	c. (Last) SULLIVAN	4. DATE OF DEATH (Month) (Day) (Year) JULY 25 1951
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAR. 30-1950	9. AGE (In years last birthday) Months Days 1 3 25	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓	11. BIRTHPLACE (State or foreign country) MURPHY SOBORO ILL.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME KENNETH SULLIVAN	13b. MOTHER'S MAIDEN NAME ALICE BERUSSETTI	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 48 HRS.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIAL PNEUMONIA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) VIRUS INFECTION, PHARYNGEAL CONGESTIONS DUE TO (c) POOR RESISTANCE		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MONONUCLEOSIS - GENERALLY WEAK			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE NATURAL NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from **JULY 25, 1951**, to **JULY 25, 1951**, that I last saw the deceased alive on **JULY 25, 1951**, and that death occurred at **2:45 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. J. Mosebach, D.O.	23b. ADDRESS Chaffee, Mo.	23c. DATE SIGNED July 28, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 28-1951	24c. NAME OF CEMETERY OR CREMATORY CITY CEM.	24d. LOCATION (City, town, or county) (State) MURPHY SOBORO ILL.
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DATE REC'D BY LOCAL REG. July 28-51	REGISTRAR'S SIGNATURE Mustard Broglie	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Smith	ADDRESS CHAFFEE MO.
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Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 30 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 751-171

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.....

Licensed Embalmer No.....

P. O. Address.....

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.