No. 300
10.48

FILED SEP 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26728

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY Howell 0461
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains
c. LENGTH OF STAY (In this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Seven Gables Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains 0461
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Wiley
b. (Middle) Jackson
c. (Last) Sullivan

4. DATE OF DEATH (Month) (Day) (Year) 6-16-51

5. SEX MO
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WD
8. DATE OF BIRTH 1-21-1874
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months 11 Days 25 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Sturgills N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. Sullivan
13b. MOTHER'S MAIDEN NAME Mary Hanks
14. NAME OF HUSBAND OR WIFE Myrta Sullivan

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 Hazel Sullivan, West Plains 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) Cardiac failure & Circulation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Collapse - following
DUE TO (c) Carcinoma of Stomach

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 151X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 1949 or 1950.
19b. MAJOR FINDINGS OF OPERATION Portion of Stomach removed
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1951 *to* June 16, 1951, *that I last saw the deceased alive on* June 15, 1951, *and that death occurred at* 2:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert Hunt N. M. D.
23b. ADDRESS West Plains, Mo
23c. DATE SIGNED JUN 27 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) B
24b. DATE 6/18-51
24c. NAME OF CEMETERY OR CREMATORY Moody
24d. LOCATION (City, town, or county) (State) Moody Mo

DATE REC'D BY LOCAL REG. 8-14-51
REGISTRAR'S SIGNATURE Beatrice Cook 379
25. FUNERAL DIRECTOR'S SIGNATURE Robertson's West Plains Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED AUG 21 1951
Dist. File 851-1543
Date Filed 8-28-51

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 D D Roberts

Licensed Embalmer No. 343

P. O. Address Lee's Summit 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.