

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15068**

APR 25 1952

BIRTH NO. **75-513** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **1067**

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond MO 10 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SULLIVAN 0361</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>902 A W. MAIN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>JOSEPH</b> c. (Last) <b>CAREY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 21, 1952</b>
--	--

5. SEX <b>MO</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>NOV. 23, 1951</b>	9. AGE (In years last birthday) <b>0</b> IF UNDER 1 YEAR Months <b>4</b> Days <b>28</b> IF UNDER 100 Hrs. <b>0</b> Min. <b>0</b>
------------------	---------------------------	--	---------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>SULLIVAN MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
---	---	--	--

13a. FATHER'S NAME <b>WILLIAM CAREY</b>	13b. MOTHER'S MAIDEN NAME <b>INGEBORG ERNST</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give way or dates of service)	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>WILLIAM CAREY SULLIVAN, MO.</b> ADDRESS
--	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>approx April 1st - 4th till April 24, 1952</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Severe Acute Hemorrhage</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rt Lower Lobe Pneumonia</b> DUE TO (c) <b>Infectious Mononucleosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Leishmaniasis</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	21. HOW DID INJURY OCCUR? <b>490X</b>
------------------------	----------------------------------	---------------------------------------

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
--	--

22. I hereby certify that I attended the deceased from **April 11, 1952** to **April 21, 1952**, that I last saw the deceased alive on **April 21, 1952** and that death occurred at **7 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Jackson Cto / J. M. Nichols, M.D.</b>	23b. ADDRESS <b>St. Mary's Hospital</b>	23c. DATE SIGNED <b>4-21-52</b>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-23-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CATHOLIC CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>SULLIVAN MO</b>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <b>4-23-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombke MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.W. Eaton</b> ADDRESS <b>Sullivan, Mo.</b>
---	---	---

MAY 9 1952

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 Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan, 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.