

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

35232

4400

FILED OCT 25 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>22 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3102 Jackson</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>A.</u> c. (Last) <u>Sullivan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 8 1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>October 26, 1907</u>		
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Leavenworth County, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13a. FATHER'S NAME <u>Mathias A. Sullivan</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Yonker</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes WW II</u>			16. SOCIAL SECURITY NO. <u>491-05-9799</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA Hospital Records, Kansas City, Missouri</u>			
MEDICAL CERTIFICATION								
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, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral confluent Bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH
				Carcinoma of Esophagus with metastasis to the trachea				
				DUE TO (b) <u>Metastasis to left kidney and spine</u>				150x
				DUE TO (c) _____				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastasis to left kidney and spine</u>				
19a. DATE OF OPERATION <u>Oct. 3, 1952</u>			19b. MAJOR FINDINGS OF OPERATION <u>Gastriotomy for stricture of esophagus</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 <u>October 3, 1952</u> , to <u>October 8, 1952</u> ; that I last saw the deceased alive on <u>October 8, 1952</u> , and that death occurred at <u>4245 E. 11th</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Richard C. Schaffer (Pathologist)</u>				23b. ADDRESS <u>Vet. Administration Hospital, Kansas City, Mo.</u>			23c. DATE SIGNED <u>Oct. 8, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Angel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hoge, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>10-9-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, K. C., Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Oliver E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.