

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

State File No. **37372**  
Registrar's No. **205**

**FILED NOV 7 1952**

BIRTH NO. _____		REG. DIST. NO. <b>333</b>		PRIMARY REG. DIST. NO. <b>6115</b>		Registrar's No. <b>205</b>							
1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Rt. # 1</b>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Rt. # 1</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Sikeston, RI</b>				d. STREET ADDRESS (If rural, give location) <b>Sikeston, Missouri.</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>			b. (Middle) <b>Franklin</b>		c. (Last) <b>Sullivan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 2, 1952</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>28 March 1864</b>		9. AGE (In years last birthday) <b>88</b>		# UNDER 1 YEAR Months <b>0</b> Days <b>4</b>		# UNDER 24 Hrs. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wayne Co., Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>John W. Sullivan</b>				13b. MOTHER'S MAIDEN NAME <b>Unknown</b>				14. NAME OF HUSBAND OR WIFE <b>Laura Lula Sullivan</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Walter Sullivan Rt. # 1 Sikeston, Mo</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Basal Cell Carcinoma</b> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Septicemia</b>								INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input 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) _____ 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 <b>Sept 24 1952</b> , to <b>Sept 24 1952</b> , that I last saw the deceased alive on <b>Sept 24 1952</b> , and that death occurred at <b>3:45 a.m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>Andrea B. Smith M.D.</b>					23b. ADDRESS <b>Sikeston Mo 217 S. Kingsh. Hwy</b>				23c. DATE SIGNED <b>25 OCT 52</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-3-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stanfield, Cemetary</b>			24d. LOCATION (City, town, or county) (State) <b>Clarkton Missouri</b>						
DATE REC'D BY LOCAL REG. <b>7-1-52</b>		REGISTRAR'S SIGNATURE <b>Mrs. Clara Hunter</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Willie James Home E. Linn Mo.</b>								

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

RECEIVED NOV 3 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1152-303

NOV 17 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 J. E. Millitt  
Licensed Embalmer No. 4695

P. O. Address E. Prairie, 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.