

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17047**

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **161**

1. PLACE OF DEATH a. COUNTY Boone 0105		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline 0970	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Miami
d. FULL NAME OF HOSPITAL OR INSTITUTION Noyes Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print)	a. (First) ROSE	b. (Middle) ELLAN	c. (Last) SULLIVAN	4. DATE OF DEATH (Month) (Day) (Year) June 7, 1953
-------------------------------------	------------------------	--------------------------	---------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24, 1913	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
-------------------------	----------------------------------	--	--	---	------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Slater, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
---	-----------------------------------	---	---

13a. FATHER'S NAME S.T. Yowell	13b. MOTHER'S MAIDEN NAME Della Coad	14. NAME OF HUSBAND OR WIFE Frank Haney Sullivan
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank H. Sullivan, Miami, Missouri.
---	-------------------------	---

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 12 hrs ? years 5 DAY! 2 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MULTIPLE CORONARY OCCLUSIONS		
	ANTECEDENT CAUSES 144 EXTENSION, SLIVER 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 EXTENSIVE BRONCHO-PNEUMONIA Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema (MLLD)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 **JAN 15, 1953**, to **7 JUNE, 1953**, that I last saw the deceased alive on **7 JUNE, 1953**, and that death occurred at **7:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles A. Leach M.D.	23b. ADDRESS Columbia, Mo	23c. DATE SIGNED 7 June 1953
--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE June 7, 1953	24c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery	24d. LOCATION (City, town, or county) (State) Slater, Missouri.
---	----------------------------------	---	---

DATE REC'D BY LOCAL REG. June 7 1953	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 317	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parsons Funeral Service, Columbia Mo
--	--	---

(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.....
Signature of Student Embalmer

Signed *JWR Phillips*.....

Licensed Embalmer No. *4897*.....

P. O. Address *Columbia*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.