

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21454

State File No. _____

FILED JUL 13 1953

BIRTH NO. 21396 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 32

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

1. PLACE OF DEATH a. COUNTY <u>IRON</u>			2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>IRON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRANTON</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MINIMUM</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>0470</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>WAYNE</u> c. (Last) <u>SULLIVAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>APRIL 7 1953</u>		9. AGE (in years last birthday) <u>2M</u> if under 1 year: Months Days if under 6 mos: Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>TRANTON, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>PAUL SULLIVAN</u>		13b. MOTHER'S MAIDEN NAME <u>MOLDE SCAGGS</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>PAUL SULLIVAN MINIMUM MO</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute bilateral bronchial pneumonia</u> DUE TO (b) <u>acute naso-pharyngitis</u> DUE TO (c) <u>acute colitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 days</u> <u>3 days</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>470X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 6-24, 1953, to 6-28, 1953, that I last saw the deceased alive on 6-28, 1953, and that death occurred at 12:54 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Harland, M.D.</u>		23b. ADDRESS <u>Ironton, Mo</u>		23c. DATE SIGNED <u>6-29-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 29 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEADOWS</u>		24d. LOCATION (City, town, or county) (State) <u>ANNAPOLIS MO</u>	
DATE REC'D BY LOCAL REG. <u>7-7-53</u>		REGISTRAR'S SIGNATURE <u>Miss Ann Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE FUNERAL HOME</u>		ADDRESS <u>Ironton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Denton, Tex.

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.