

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

39859

State File No.

FILED DEC 2 - 1953
BIRTH NO. 20110 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN <u>Carruthersville</u>		c. CITY OR TOWN <u>Carruthersville</u>	
c. LENGTH OF STAY (in this place) <u>4 hrs</u>		d. STREET ADDRESS <u>209 Rear E. 2nd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 Rear E 2nd St</u>		e. (If rural, give location) <u>MISSOURI</u>	

3. NAME OF DECEASED (Type or Print) <u>Infant</u>			a. (First) <u>Sullivan</u>			b. (Middle)			c. (Last)			4. DATE OF DEATH <u>Nov 20 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>Nov 21 53</u>			9. AGE (in years last birthday)	10. MONTHS	11. YEAR	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>209 E 2nd Rear</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME <u>Opal James Sullivan</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Alma Street</u>			ADDRESS <u>209 E 2nd</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>									
		ANTECEDENT CAUSES									
		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.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>776 X</u>								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)						
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 Nov 20 1953, to Nov 20 1953, that I last saw the deceased alive on Nov 20 1953, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Daniel R. Henneley, M.D.</u>		(Degree or title)		23b. ADDRESS <u>114 W 4th Carruthersville</u>		23c. DATE SIGNED <u>11/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>23 Nov 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Pauls Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carruthersville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 23 1953</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Wilkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Philip A. Woods</u>		ADDRESS <u>Cville Mo.</u>	

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

117377-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 28 1953

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 Philip B. Dwyer

Licensed Embalmer No. 4838

P. O. Address Circle, 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.