No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43203

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5991

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 50 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3108 BROOKLYN AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 3108 BROOKLYN AVENUE

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3. NAME OF DECEASED (Type or Print)
a. (First): TONIA
b. (Middle):
c. (Last): SULLIVAN

4. DATE OF DEATH (Month) (Day) (Year): DEC. 18, 1953

5. SEX: FEMALE 1

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2

8. DATE OF BIRTH: JULY 2, ~~1870~~ 1879

9. AGE (In years last birthday): 83 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (City and State or Foreign Country): CRITTENTON COUNTY, KENTUCKY

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN QUINCY MONFORT

13b. MOTHER'S MAIDEN NAME: SARAH E. POSTLETHWAIT

14. NAME OF HUSBAND OR ~~WIFE~~: DR. HARRY H. SULLIVAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): #

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS. LENA M. DEAN, ST. PETERSBURG, FLA.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio Vascular disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): off

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 21st, 1953, *to* Dec. 18, 1953, *that I last saw the deceased alive on* Dec. 18, 1953, *and that death occurred at* 2:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D.R. Black M.D.

23b. ADDRESS: 924 Professional Bldg.

23c. DATE SIGNED: 12/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: DEC 22 1953

24c. NAME OF CEMETERY OR ~~CREMATORY~~: CROWN HILL CEMETERY

24d. LOCATION (City, town, or county) (State): EXCELSIOR SPRINGS MO.

DATE REC'D BY LOCAL REG.: 12-22-53

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE: O.H. Newcomer Sons

ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City

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.

State of Missouri } ss.
County of Jackson

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 43203
Local Registrar's No.

On this 27th. day of January, 1954 before me appears Lena M. Dean, who, upon her oath, states that the original record of death for Mrs. ~~Iona~~ Ionia Monfort Sullivan died December 18, 1953, in the State of Missouri, and which was filed at Kansas City on Dec. 21, 1953, should be corrected as follows:

Item No. 8 should read July 2, 1879
Instead of July 2, 1870
Item No. 9 should read 74
Instead of 83
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lena M. Dean Sister
Relationship.
1621 - 7th St. So
St. Petersburg Florida
Present Address

Subscribed and sworn to before me this 27th. day of January, 1954

My Commission expires My Commission Expires April 27, 1957 W. M. Lynn Notary Public.