

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 18 1954

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4492 Registrar's No. 2

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| 1. PLACE OF DEATH a. COUNTY <u>SHELBY</u> <u>1020</u> b. CITY OR TOWN <u>SHELBYNA.</u> c. LENGTH OF STAY (In this place) <u>6 Mths</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DODD REST HOME.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MONROE</u> c. CITY OR TOWN <u>Monroe City.</u> <u>0690</u> d. STREET ADDRESS (If rural, give location) <u>113 3RD STR.</u> <u>1</u> | |
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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u> b. (Middle) <u>GILMAN</u> c. (Last) <u>SULLIVAN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 14 1954</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED.</u> | 8. DATE OF BIRTH <u>2 SEPTEMBER 9TH 1870</u> | 9. AGE (In years last birthday) <u>83.</u> | if UNDER 1 YEAR Months <u>4</u> Days <u>5</u> | if UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home.</u> | 11. BIRTHPLACE (State or foreign country) <u>COLEMANSVILLE KENTUCKY</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Newton Home</u> | 13b. MOTHER'S MAIDEN NAME <u>ELLA</u> | 14. NAME OF HUSBAND OR WIFE <u>HYATT CHARLES M SULLIVAN</u> |
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| 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>E. Stone</u> ADDRESS <u>Springfield Mo.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease 2 yrs</u> | | |
| | 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 <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Jan 3 1954 to Jan 14 1954, that I last saw the deceased alive on Jan 14 1954, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Joseph H. Tomis D.O.</u> | 23b. ADDRESS <u>Shelbyna, Mo</u> | 23c. DATE SIGNED <u>1/16/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-16-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. JUDES CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>Monroe City, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan 16-54</u> | REGISTRAR'S SIGNATURE <u>Ada Garrison</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SONS</u> ADDRESS <u>Monroe City, Mo.</u> |
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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 me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Louis L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.