

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5220**

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	
c. LENGTH OF STAY (in this place) 25 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			
e. STREET ADDRESS (If rural, give location) 710 JACKSON			

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) GEORGE c. (Last) SULLIVAN			4. DATE OF DEATH (Month) (Day) (Year) FEB 4 1954		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 2/23/1871		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACT MOVER		10b. KIND OF BUSINESS OR INDUSTRY MOVING		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE VIOLA 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. 499-07-6117		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. VIOLA SULLIVAN 710 JACKSON	

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) Arteriosclerosis, Cerebral, left ventricle Right Hemiparesis 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. Broncho pneumonia			INTERVAL BETWEEN ONSET AND DEATH
---	--	--	--	--	----------------------------------

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)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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-25, 1954** to **Feb 4, 1954** that I last saw the deceased alive on **Feb 4, 1954** and that death occurred at **6:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Oliver W. Korbela, M.D.		23b. ADDRESS 805 Frieda Bldg		23c. DATE SIGNED 2/5/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 2/7/54		24c. NAME OF CEMETERY OR CREMATORY Baxter Cemetery	
24d. LOCATION (City, town, or county) (State) Baxter Springs Kansas					

DATE REC'D BY LOCAL REG. 2-6-54		REGISTRAR'S SIGNATURE Ed D. James		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HURL BUT-GLOVER MORT. 8TH WALK JOPLIN	
--	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1954

RECEIVED

Jasper County Health Office

County File Number 54-2-124

Date Filed FEB 16 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision.:

Student.....
Signature of Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 457

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.