

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8459**

BIRTH NO. **FILED MAR 29 1954** REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **4234** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ironton</b>		c. LENGTH OF STAY (in this place) <b>4 da.</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Liberty Township</b>		d. STREET ADDRESS (If rural, give location) <b>near Jewett</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle) <b>SILLIVAN</b>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 12 1954</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Nov. 13 1879</b>
9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR (Months) (Days) <b>3 29</b>	IF UNDER 1 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Iron County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joseph Sullivan</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Young</b>	
14. NAME OF HUSBAND OR WIFE <b>##</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Walter Sullivan, Minimum Mo.</b>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute cardiac failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>few hrs.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <b>acute myocarditis</b>		?	
DUE TO (c) <b>acute virus infection, asthma</b>		?	
II. OTHER SIGNIFICANT CONDITIONS		?	
Conditions contributing to the death but not related to the disease or condition causing death. <b>acute prostatitis</b>			
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>3-8-54</b> , 19 <b>54</b> , to <b>3-12-54</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>3-12-54</b> , 19 <b>54</b> , and that death occurred at <b>9:45 A.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>R. E. Harland, M.D.</b>		23b. ADDRESS <b>Ironton, Mo.</b>	23c. DATE SIGNED <b>3/17/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>3-14-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Polk Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Arcadia Missouri</b>
DATE REC'D BY LOCAL REG. <b>3-26-54</b>	REGISTRAR'S SIGNATURE <b>Mrs. Aris Jones</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>White Funeral Home, Ironton Mo.</b>	ADDRESS <b>Rural Liberty Twp.</b>

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed Annalyn White

Licensed Embalmer No. 2012

P. O. Address Clinton, 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.