

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30210

30210

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>118</u>	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Poinsett			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. LENGTH OF STAY (If in this place) 1 hour		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trumann		80208	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Dunklin County Memorial Hosp.				d. STREET ADDRESS (If rural, give location) E. Main Street			
3. NAME OF DECEASED (Type or Print) Robert		a. (First)		b. (Middle)		c. (Last) Sullivan	
4. DATE OF DEATH Aug. 28, 1954		(Month)		(Day)		(Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 17, 1926	
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver - Hvy Mehry		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and State or Foreign Country) Lake City, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert L. Sullivan		13b. MOTHER'S MAIDEN NAME Alice Rhodes		14. NAME OF HUSBAND OR WIFE Mrs. Gladys Sullivan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 431-42-2089		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert L. Sullivan - Trumann, Ark.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Homicide by Firearms 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.				INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E981X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dunklin Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 28, 1954 7Pm.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot by shotgun.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:35 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE Quinton Tarver, Coroner, Dunklin County				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 8/29/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-30-1954		24c. NAME OF CEMETERY OR CREMATORY Griffin Memorial Park		24d. LOCATION (City, town, or county) (State) Trumann Ark	
DATE REC'D BY LOCAL REG. 9-13-54		REGISTRAR'S SIGNATURE Carl H. Hubbs		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thompson F. Home Trumann, Ark.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-15-54
COUNTY FILE NUMBER 957-249

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

Paul Thompson

Licensed Embalmer No. 525 (Arkansas)

P. O. Address Trumann, Arkansas

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.