

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34175

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4492</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY MARSHALL			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) Frankfort			
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor				d. STREET ADDRESS (If rural, give location) 875 3			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle)		c. (Last) Sullivan		4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Oct. 19, 1870	
9. AGE (In years last birthday) 83 years		IF UNDER 1 YEAR Months Days Hours Mins.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Ireland				12. CITIZEN OF WHAT COUNTRY? 4			
13a. FATHER'S NAME unknown James Sullivan			13b. MOTHER'S MAIDEN NAME unknown Bridget Drew			14. NAME OF HUSBAND OR WIFE unknown	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Superior, Little Sisters of Poor			
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 5331 Highland I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephria ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Interstitial Nephritis DUE TO (c) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 5 days 10 days 20 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4401		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>3/19</u> , 19 <u>54</u> , to <u>9/22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/21</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
22a. SIGNATURE Joseph A. Fogarty (Date or title)				23b. ADDRESS 402 Northward St. CSM		23c. DATE SIGNED 9/22/54	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE Sept. 22, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Joseph		24d. LOCATION (City, town, or county) (State) Lillis, et, Kas.	
DATE REC'D BY LOCAL REG. 9-22-54		REGISTRAR'S SIGNATURE Neve Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thos. E. Quirk 4316 Troost Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1974

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.