

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21031

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5075 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> c. CITY OR TOWN <u>Golden City</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Golden City Twp</u> c. LENGTH OF STAY (in this place) <u>60 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>S. City Limits of Golden City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>H.</u> c. (Last) <u>SULLIVAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 55</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 20, 1881</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>landlord</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Witt, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Calvin Sullivan</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Dort</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Sullivan, Golden City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornal Occlusion Probably</u>		
	ANTECEDENT CAUSES Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Body fluid 3 weeks late</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles E. Chiles</u>	23b. ADDRESS <u>Cornet 3 Hamer Mo</u>	23c. DATE SIGNED <u>July 8-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 10, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pippenger Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Dade Co., Mo.</u>

DATE REC'D BY LOCAL REG. <u>July 10, 1955</u>	REGISTRAR'S SIGNATURE <u>Nazir H. Pugh</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Phillips Funeral Home, Golden 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 *was not embalmed*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *H. P. Hough*

Licensed Embalmer No. *327*

P. O. Address *Golden, Co.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.