

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **36451**

FILED NOV 22 1955

BIRTH NO. _____		REG. DIST. NO. 114		PRIMARY REG. DIST. NO. 4186		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ARKANSAS b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PINE BLUFF		8 2030 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION MANSON & HI-WAY 114				d. STREET ADDRESS (If rural, give location) R.R. 2			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) PATRICK		c. (Last) WALSH		4. DATE OF DEATH (Month) (Day) (Year) NOV 8 1955	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY 23, 1873	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING		11. BIRTHPLACE (State or foreign country) JONES BORO, ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN PATRICK WALSH		13b. MOTHER'S MAIDEN NAME CATHERINE HINES		14. NAME OF HUSBAND OR WIFE DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 431-26-9034		17. INFORMANT'S SIGNATURE OR NAME Mrs. George Knick Sullivan, Mo. ADDRESS _____			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hit by car while crossing on West Springfield road. Compound fracture of both legs & lacerations of body				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Fractured skull		8124 25		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, bath, factory, street, office bldg., etc.) Highway 114		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Sullivan Marionette Franklin Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 8, 1955 7:30am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by car while crossing road			
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 Ernest P. Ottmann (Degree or title) coroner		23b. ADDRESS Sealed Mail		23c. DATE SIGNED Nov 9, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Nov 11, 1955		24c. NAME OF CEMETERY OR CREMATORY Redfield Cemetery		24d. LOCATION (City, town, or county) (State) Redfield Arkansas	
DATE REC'D BY LOCAL REG. 11-10-55		REGISTRAR'S SIGNATURE Thomas G. Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE H. H. Hutton		ADDRESS Sullivan, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. G. Humphrey

4772 Licensed Embalmer No.

Sullivan, Mo. 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.