

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **10075**

FILED MAR 19 1956

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48

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

| | | | | | | | | | |
|--|-------------------------------|--|--|--|---|---|------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 274 | | PRIMARY REG. DIST. NO. 2052 | | Registrar's No. 149 | | | |
| 1. PLACE OF DEATH a. COUNTY Pettis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia | | c. LENGTH OF STAY (in this place) 14 yrs | | c. CITY OR TOWN Sedalia | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1106 So. Mass. | | | | STREET ADDRESS (If rural, give location) 1106 So. Mass. 08070 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Helene b. (Middle) Amelia c. (Last) SULLIVAN | | | 4. DATE OF DEATH (Month) (Day) (Year) March 9 1956 | | | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH April 25 1909 | 9. AGE (In years last birthday) 46 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 10 MIN. Hours | IF UNDER 1 MIN. Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employed | | 10b. KIND OF BUSINESS OR INDUSTRY Sears Roebuck & Co | | 11. BIRTHPLACE (City and State or Foreign Country) Garden City Mo | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Roland G. Sombart | | 13b. MOTHER'S MAIDEN NAME Susie Hudson | | 14. NAME OF HUSBAND OR WIFE Felix Sullivan | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 491-07-5942 | | 17. INFORMANT'S SIGNATURE OR NAME Felix Sullivan | | ADDRESS Sedalia | | | |
| 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 | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Metastatic Carcinoma Lung | | | | DUE TO (a) Carcinoma Breast | | | | 6 wks | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. X | | | | DUE TO (c) X | | | | 5 yrs | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X | | | | | | | | | |
| 19a. DATE OF OPERATION June 1951 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma Breast | | | | 170X | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) M | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? X | | | | | |
| 22. I hereby certify that I attended the deceased from X , 19 51 , to 3/9 , 19 56 , that I last saw the deceased alive on 3/5 , 19 56 , and that death occurred at 6 a. m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Hubert Kemmerer MD | | | | 23b. ADDRESS Sedalia Mo | | | | 23c. DATE SIGNED 3/12/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-12-56 | 24c. NAME OF CEMETERY OR CREMATORY Calvary | | 24d. LOCATION (City, town, or county) (State) Sedalia Mo | | | | |
| DATE REC'D BY LOCAL REG. 3-12-56 | | REGISTRAR'S SIGNATURE Harvna Coats Deputy | | 25. FUNERAL DIRECTOR'S SIGNATURE Mc Laughlin Bros | | ADDRESS Sedalia | | | |

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1950

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.....
Signature of Student Embalmer

Signed.....
K.P.M. Crary

Licensed Embalmer No. *315*

P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.