

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 10 1956

State File No.

300
48

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

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Independence		c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) life		e. STREET ADDRESS (If rural, give location) 730 N. Osage	
d. FULL NAME OF HOSPITAL OR INSTITUTION 730 N. Osage		10050	
3. NAME OF DECEASED (Type or Print) a. (First) MRS. MARGARET		b. (Middle) F.	
c. (Last) SULLIVAN		4. DATE OF DEATH (Month) (Day) (Year) April 28, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 27, 1870
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Atherton, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Horan	
13b. MOTHER'S MAIDEN NAME Mary Murphy		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Hughes ADDRESS Indep. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Polycythemia Vera with generalized thrombotic phenomena		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
ANTECEDENT CAUSES		DUE TO (b)	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic heart disease		Chronic	
Chronic		Chronic	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 294x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>July 26</u> , 19 <u>54</u> to <u>April 28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>April 19</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE W. H. Hutson		23b. ADDRESS (Degree or title) Head, 9 East Bond Bldg Independence, Mo.	
23c. DATE SIGNED 4/30/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE May 1, 1956		24c. NAME OF CEMETERY OR CREMATORY St. Marys	
24d. LOCATION (City, town, or county) (State) Indep. Mo		25. FUNERAL DIRECTOR'S SIGNATURE Ott & Mitchell ADDRESS Indep. Mo.	
DATE REC'D BY LOCAL REG. 5-1-56		REGISTRAR'S SIGNATURE [Signature]	

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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Henry L. Minter*.....
Licensed Embalmer No. *39*.....

P. O. Address *Indy*.....

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