

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36916**

FILED DEC 4 - 1956

BIRTH NO. _____ REG. DIST. NO. **9** PRIMARY REG. DIST. NO. **5010** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE NEBRASKA b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bolckow		c. CITY OR TOWN OMAHA	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) _____		STREET ADDRESS (If rural, give location) 2858 1/2 Davenport St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi South Midway N. Highway 71			
3. NAME OF DECEASED (Type or Print) a. (First) Richard		b. (Middle) Lee c. (Last) Sullivan	
4. DATE OF DEATH (Month) (Day) (Year) 11-24-1956			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-16-1931
9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months 4 Days 8	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) more carpet lv.		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) OMAHA neb
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John P. Sullivan		13b. MOTHER'S MAIDEN NAME Edith Sullivan	14. NAME OF HUSBAND OR WIFE Edith Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Edith Sullivan ADDRESS 2858 1/2 Davenport	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH immediate
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral concussion		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Multiple fractured skull		
		DUE TO (c) Automobile collision		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Highway	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) R.F.D. Bolckow (COUNTY) Andrew (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 24 1956 1:35	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Head-on collision with another automobile.
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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 **11:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Maxwell W. Lorne	23b. ADDRESS 307 W. Main Savannah Mo.	23c. DATE SIGNED 11/25/56
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24a. BIRTHAL CREATION, REMOVAL (Specify) Removal	24b. DATE 11-25-1956	24c. NAME OF CEMETERY OR CREMATORY Omaha Cem	24d. LOCATION (City, town, or county) (State) Omaha Neb
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DATE REC'D BY LOCAL REG. 11-27-56	REGISTRAR'S SIGNATURE Lilley Spink	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Home SAVANNAH MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 5 1956

APR 15 1957
JUL 22 1957

APR 15 1957

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 *E. C. Breit*.....

Licensed Embalmer No. *2650*

P. O. Address *Savannah*

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.