

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

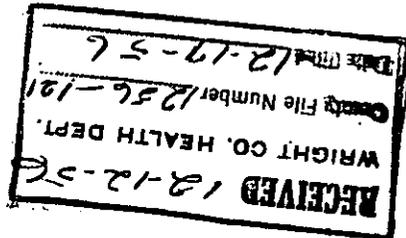
State File No. **44609**

FILED DEC 19 1956

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 4552		Registrar's No. 340	
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wright			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Grove		c. LENGTH OF STAY (In this place) 50 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Grove		d. STREET ADDRESS (If rural, give location) 530 West North Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mountain Grove General Hosp.							
3. NAME OF DECEASED a. (First) Laura (Type or Print)			b. (Middle) -----			c. (Last) Sullivan	
4. DATE OF DEATH November 19, 1956		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH January 21, 1877		9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Imboden, Arkansas	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas M. Duvall		13b. MOTHER'S MAIDEN NAME Mary P. Phillips		14. NAME OF HUSBAND OR WIFE James R. Sullivan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME C.H. Duvall ADDRESS Mountain Grove, Missouri			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Carcinoma ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 10-23 , 1956 , to 11-19 , 1956 , that I last saw the deceased alive on 11-19 , 1956 , and that death occurred at 11:20 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE W.A. Craig D.O.		(Degree or title)		23b. ADDRESS Mountain Grove Mo		23c. DATE SIGNED 11-24-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE November 21, 56		24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		24d. LOCATION (City, town, or county) (State) Mountain Grove, Missouri	
DATE REC'D BY LOCAL REG. 11-26-56		REGISTRAR'S SIGNATURE A.B. Ames		25. FUNERAL DIRECTOR'S SIGNATURE Walter Mountain Davis, M.D. ADDRESS _____			

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

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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 George Stalpe _____

Licensed Embalmer No. 3161 _____

P. O. Address W. H. Snow, Mo _____

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 this body is not embalmed, fact should be so stated above.