

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Carl R. Ferris

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

50333
STATE FILE NUMBER
485

FILED FEB 18 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 485

1. PLACE OF DEATH a. COUNTY Jackson County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Platte City, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.			Length of stay in lb 7 hrs.	d. STREET ADDRESS None (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) James William Sullard				First	Middle	Last	4. DATE OF DEATH Jan. 30 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 9, 1903		9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filing Dept.			10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James W. Sullard Sr.				14. MOTHER'S MAIDEN NAME Annie E. Spiece			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 495-03-604R		17. INFORMANT Address Mrs. Inez Sullard Platte City, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dissecting Aortic Aneurysm							INTERVAL BETWEEN ONSET AND DEATH 7 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Aortic Atherosclerosis		DUE TO (c)		? USIX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hemopericardium - Terminal							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 8:00pm 1-30-57 to 1:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. Deceased 1-30-57 and last saw him alive on 1-30-1957							
22a. SIGNATURE Carl R. Ferris M.D. (Degree or title)				22b. ADDRESS 535 Apple Bldg Platte City Mo		22c. DATE SIGNED Jan 31, 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 31, 1957	23c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery		23d. LOCATION (City, town, or county) (State) Platte City, Missouri			
24. FUNERAL DIRECTOR ADDRESS Rollins & Mitchell Platte City, Mo.				25. DATE RECD. BY LOCAL REG. 1-31-57		26. REGISTRAR'S SIGNATURE Irene Minshall	

MAR 4

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 *Roland M. Giffey*

Licensed Embalmer No. 47

P. O. Address *Platte City*

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.