

FILED MAR 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7612**

BIRTH MO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **80**

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

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	c. LENGTH OF STAY (in this place) Years	c. CITY OR TOWN Columbia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Boone County Hospital		e. STREET ADDRESS (If rural, give location) 121 Anderson Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) E c. (Last) Sullivan			4. DATE OF DEATH (Month) (Day) (Year) March 11, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 5, 1908	9. AGE (In years, less birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Journal Press	11. BIRTHPLACE (City and State or Foreign Country) Shelbina, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Y.E. Sullivan		13b. MOTHER'S MAIDEN NAME Ada Sparks		14. NAME OF HUSBAND OR WIFE Josephine S. Sullivan	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or date of service) 490-07-2182	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Sullivan, Columbia, Mo..			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE POSTERIOR MYOCARDIAL INFARCTION			INTERVAL BETWEEN ONSET AND DEATH 14 HRS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) THROMBOTIC OCCLUSION			14 HRS
	DUE TO (c) CORONARY SCLEROSIS			UNKNOWN
	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 4201			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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 **Nov 19, 1953**, to **Mar 11, 1957**, that I last saw the deceased alive on **Mar 11, 1957**, and that death occurred at **12:40 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Birdsong D.O.	23b. ADDRESS Columbia, Mo	23c. DATE SIGNED 3/11/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/12/1957	24c. NAME OF CEMETERY OR CREMATORY Columbia	24d. LOCATION (City, town, or county) (State) Columbia, Missouri
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DATE REC'D BY LOCAL REG. Mar 12 - 57	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lynard Spunkle, Columbia, Mo
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(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1958

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~~ Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Lyman H. Spunkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia,*

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.