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FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

107-799

STATE FILE NUMBER

Registration District No. 115-114 Primary Registration District No. 4187 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>UNION</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>SULLIVAN</u> <u>236</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>707 SPRINGFIELD</u>		Length of stay in lb <u>2 Mos.</u>	d. STREET ADDRESS (If outside, give location) <u>GRIGSBY + S. CHURCH</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First Middle Last
SUSAN MITCHELL SULLIVAN

4. DATE OF DEATH Month Day Year
JAN. 15 1958

5. SEX 1 FEMALE
6. COLOR OR RACE WHITE
7. MARRIED NEVER MARRIED
WIDOWED DIVORCED
8. DATE OF BIRTH FEB. 4, 1881
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 11 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
DENT CO., Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME HENRY MITCHELL

13b. MOTHER'S MAIDEN NAME JULIA CALLAHAN

14. NAME OF HUSBAND OR WIFE STEPHEN SULLIVAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Address
STEPHEN SULLIVAN SULLIVAN, 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) Cerebrovascular Disease INTERVAL BETWEEN ONSET AND DEATH 1 yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
334X

20c. TIME OF INJURY . Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK

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 8.30/12. 1955 to 1.15.58 and last saw her ^{her} alive on 1.13.58
Death occurred at 8.30/12. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. Henry M.A. (Degree or title)

22b. ADDRESS Union Mo

22c. DATE SIGNED 1.15.58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE JAN. 17, 1958

23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY

23d. LOCATION (City, town, or country) (State) SULLIVAN Mo

24. FUNERAL DIRECTOR H. M. Eaton ADDRESS Sullivan, Mo.

25. DATE RECD. BY LOCAL REG. 1/17/58

26. REGISTRAR'S SIGNATURE J.P. Johnson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 HARRISON W. EATON, Student Embalmer No. 555 working under my personal supervision.

Student Harrison W. Eaton
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan

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.