

FILED MAR 11 1958

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Wesale</u>		c. CITY OR TOWN <u>El Dorado Springs</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u> Length of stay in lb <u>2 hrs.</u>		d. STREET ADDRESS (If outside, give location) <u>Brannon Courts</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Kenneth H.</u> Middle <u>S.</u> Last <u>Sullivan</u>			4. DATE OF DEATH Month <u>3</u> Day <u>2</u> Year <u>58</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 7, 1907</u>	9. AGE (In years last birthday) <u>50</u>	10. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Booker maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTH PLACE (City and state or country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Archie Sullivan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cutchall</u>		14. NAME OF HUSBAND OR WIFE <u>Mary E. Sullivan</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>521-09-9561</u>		17. INFORMANT Address <u>Mary E. Sullivan - El Dorado Springs</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary occlusion</u>			
DUE TO (c) <u>Coronary arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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 <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 <u>11-20-57</u> to <u>3-2-58</u> and last saw ^{him} alive on <u>3-2-58</u> Death occurred at <u>10:25</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Robert L. Magee M.D.</u>	22b. ADDRESS <u>El Dorado Springs, Mo.</u>	22c. DATE SIGNED <u>3-4-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-7-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>
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24. FUNERAL DIRECTOR <u>Helen Parthen</u>	ADDRESS <u>El Dorado Springs, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-5-1958</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use only statements related to all diseases in Part I must be causally related.

APR 4 1958

AUG 28 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 by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Max W. Dickering*

Licensed Embalmer No. *4696*
P. O. Address *P. Duval St.*

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.