

DR HANSS

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028864

STATE FILE NUMBER

FILED AUG 25 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 806

300
1-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD <i>c. 396 0</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHN'S HOSP.		Length of stay in lb 50 YRS	d. STREET ADDRESS (If outside, give location) 1247 E. UNIVERSITY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HELEN Middle C. Last SULLIVAN			4. DATE OF DEATH Month AUG , Day 16 , Year 1958		
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5. SEX FEMALE	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 MAY, 29, 1903	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) FT. SCOTT, KANSAS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME EDWARD VANDYKE	13b. MOTHER'S MAIDEN NAME ANNA KOST	14. NAME OF HUSBAND OR WIFE LAWRENCE SULLIVAN
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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 LAWRENCE SULLIVAN, SPRINGFIELD, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of breast		INTERVAL BETWEEN ONSET AND DEATH 6 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	170X
	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 <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 Springfield, Mo	COUNTY _____ STATE _____
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21. I attended the deceased from **1948** to **1958** and last saw her alive on **Aug. 16, 1958**
Death occurred at **9 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Dr. Hanss</i>	(Degree or title) M.D.	22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 8-18-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/19/58	23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
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24. FUNERAL DIRECTOR HERMAN LOHMEYER, SPRINGFIELD, MO	ADDRESS _____	25. DATE RECD. BY LOCAL REG. 8-18-58	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1958 S 100

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 *W. J. McCann*

Licensed Embalmer No. *3727*

P. O. Address *Springfield*

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.