

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033028

STATE FILE NUMBER

FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4404

S. 300
1-57
618

All diseases in Part I must be causally related.

John M. Powers MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3202 E. 26th St.		Length of stay in lb y 55 yrs.		d. STREET ADDRESS (If outside, give location) 3202 E. 26th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WALTER VANDINE SULLIVAN				4. DATE OF DEATH Month Day Year SEPT. 14, 1958			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 12, 1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give even if work done during most of working life, even if retired) ELECT. ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY K.C. WATER DEPT.		11. BIRTHPLACE (City and state or country) LEAVENWORTH, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME PETER SULLIVAN			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MYRTLE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES G.W. #1		16. SOCIAL SECURITY NO. 496-03-7576		17. INFORMANT Address MRS. ANNA V. CHAPIN - 3202 E. 26th St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH Minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cardio Vascular Renal Disease				1 MO	
		DUE TO (c) Generalized Atherosclerosis				2 yrs	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) H2O				
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 8/27/58 to 9/14/58 and last saw him alive on 9/13/58 Death occurred at 9:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John M. Powers M.D.				22b. ADDRESS 3304 Linwood		22c. DATE SIGNED 9/15/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEPT. 16, 1958	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS C.H. BLACKMAN & SON INC. - K.C., Mo.			25. DATE RECD. BY LOCAL REG. 9-16-58		26. REGISTRAR'S SIGNATURE Irene Minshall		



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 *Bert B. Benz*

Licensed Embalmer No. *4656*

P. O. Address *S. C., Mo*

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.