Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035932
STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 100 Primary Registration District No. Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY OR TOWN: Short Bend Twsp — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: 11 Mi No. of Salem on Hwy 18 — Length of stay in Hospital: Touring

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dent
c. CITY OR TOWN: -------- — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 033 0 0 Springcreek Twsp/ — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: FLOYD Middle: Last: SULLIVAN

4. DATE OF DEATH: Month: Nov Day: 1 Year: 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☒ 3

8. DATE OF BIRTH: Apr 14 1902

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HRS.: Hours: Min.:

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

10b. KIND OF BUSINESS OR INDUSTRY: Transportation

11. BIRTHPLACE (City and state or country): Steelville, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Elijah Sullivan

13b. MOTHER'S MAIDEN NAME: Elizabeth Adams

14. NAME OF HUSBAND OR WIFE: None

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

16. SOCIAL SECURITY NO.: 492-03-9161

17. INFORMANT: Troy Sullivan Address: Bx 374, Salem, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Deep laceration of throat and head injuries, incurred in automobile accident.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 ☒ 2

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): A uto left road striking tree after collision with another auto

20c. TIME OF INJURY: Hour 9:30 a.m. p.m. Month, Day, Year: 11 1 58

20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Highway

20f. CITY, TOWN, OR LOCATION: 033 **COUNTY**: Short Bend Twsp Dent **STATE**: Missouri

21. I attended the deceased from -------- to -------- and last saw her/him alive on --------
Death occurred at 9:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D. Hayden B. Powell 3 Coroner

22b. ADDRESS: Salem, Missouri

22c. DATE SIGNED: 11/2/58

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

23b. DATE: Nov 4 1958

23c. NAME OF CEMETERY OR CREMATORY: Morrison Cemetery

23d. LOCATION (City, town, or county) (State): Dent County Missouri

24. FUNERAL DIRECTOR: Max L. Warfel **ADDRESS**: Salem, Mo.

25. DATE RECD. BY LOCAL REG.: 11/3/58

26. REGISTRAR'S SIGNATURE: M. M. Nash, MD by A.M.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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NOV 6 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 L. Warfe

Licensed Embalmer No. 4170

P. O. Address Salem, 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.