

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010048

STATE FILE NUMBER

FILED MAR 18 1959 Registration District No. 383 Primary Registration District No. 2037 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <i>Lawrence</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Lawrence</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Mt. Vernon</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Mt. Vernon</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 <i>Residence</i>	Length of stay in lb <i>20 years</i>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Francis Skelton Sullivan</i>			4. DATE OF DEATH Month Day Year <i>3-9-1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7-7-1873</i>	9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>2</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Lawrence Co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

13a. FATHER'S NAME <i>James Sullivan</i>	13b. MOTHER'S MAIDEN NAME <i>Emaline Thompson</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Mr. Earl Sullivan Miller Mo.</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Circulatory Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Cerebral Vascular accident</i>		<i>4 months</i>
	DUE TO (c) <i>arteriosclerosis</i>		<i>Unknown</i>
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.)
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 <i>2/16/55</i> to <i>3/9/59</i> and last saw ^{her} _{him} alive on <i>3/9/59</i> Death occurred at <i>4:20 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Disease or title) <i>Harold E. George Do 2</i>	22b. ADDRESS <i>Mt Vernon Mo</i>	22c. DATE SIGNED <i>3/14/59</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3-14-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Stihoh</i>	23d. LOCATION (City, town, or county) (State) <i>N.E. of Mt Vernon Mo.</i>
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24. FUNERAL DIRECTOR <i>Morris Leman Miller Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>3-14-59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Hendricks</i>
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(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~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed, *S.P. Leiman*

Licensed Embalmer No. *3297*

P. O. Address *Miller 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.