

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017283

STATE FILE NUMBER

FILED JUN 8 1959

Registration District No. 115-116 Primary Registration District No.

5434

Registrar's No. 133

300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. John's Toshi.</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Washington</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5 mi. W. of Washington.</i>		Length of stay in lb <i>036</i>	d. STREET ADDRESS (If outside, give location) <i>R#1 W.</i>
3. NAME OF DECEASED (Type or print) First <i>David</i> Middle <i>Joe</i> Last <i>Sullivan</i>		4. DATE OF DEATH Month <i>June</i> Day <i>5</i> Year <i>1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> O. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 8, 1936</i>
9. AGE (In years last birthday) <i>22</i>		IF UNDER 1 YEAR Months <i>6</i> Days <i>27</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Operator Manium Div. Mallinckrodt Chem. Co.</i>		10b. KIND OF BUSINESS INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Owensboro, Kentucky U.S.A.</i>
13a. FATHER'S NAME <i>Colbert Sullivan</i>		13b. MOTHER'S M maiden name <i>Ada Elizabeth Ranson</i>	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT Address: <i>517 St. Ann, Owensboro, Ky.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes 9-Sept 54 to 10 June 56</i>		16. SOCIAL SECURITY NO. <i>405-46-9245</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>Fracture skull</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <i>fracture and laceration intact</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input checked="" 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.) <i>Subject was thrown from auto</i>	
20c. TIME OF INJURY Hour <i>1:30</i> a.m. Month <i>6</i> Day <i>15</i> Year <i>1959</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, ship, bldg., etc.) <i>on Hwy 101</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>Washington</i> COUNTY <i>Franklin</i> STATE <i>Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. Demach</i>		22b. ADDRESS <i>Crown Linn Mo 64609</i>	
22c. DATE SIGNED <i>6/6/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>June 5, 1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill, Cemetery Owensboro, Kentucky</i>		23d. LOCATION (City, town, or county) (State) <i>Owensboro, Kentucky</i>	
24. FUNERAL DIRECTOR <i>Hieburg &amp; Wilt, Inc. Washington, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6-5-59</i>	
26. REGISTRAR'S SIGNATURE <i>J. H. Stueckmann</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with use. All diseases in Part I must be causally related.

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JUN 1 1959

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REC-2  
JUN 2 1959

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 *Lester A. Witt*

Licensed Embalmer No. *3254*  
P. O. Address *Washington,*

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.