URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 16 1960

60-006911
STATE FILE NUMBER

NDED

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: DeSoto — Length of stay in 1b: 29 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 415 MOULTON — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: JEFF.
c. CITY OR TOWN: DeSoto — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 415 MOULTON — Reside on Farm: Yes ☐ No ☒

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

4. DATE OF DEATH: Month FEB. Day 7 Year 1960

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: DEC. 20, 1900
9. AGE (last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHOEWORKER
10b. KIND OF BUSINESS OR INDUSTRY: SHOE FACTORY
11. BIRTHPLACE (City and state or country): LaBELLE Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: STONEWALL SULLIVAN
13b. MOTHER'S MAIDEN NAME: ALICE MAE ALLEN
14. NAME OF HUSBAND OR WIFE: BLANCHE SULLIVAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-03-3231
17. INFORMANT: BLANCHE SULLIVAN Address: DeSoto Mo.

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): shot gun wound to chest
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Self Inflicted shot gun wound.
20c. TIME OF INJURY: Hour 2:00 p.m. Month, Day, Year 2-7-60
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.): Home
20f. CITY, TOWN, OR LOCATION: DeSoto COUNTY: Jeff. STATE: Mo.

21. I attended the deceased from Coroner's View to ____ and last saw her/him alive on ____
Death occurred at 2:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James C. Behm D.C. Coroner
22b. ADDRESS: Festus, Mo.
22c. DATE SIGNED: 2-7-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: FEB. 10 1960
23c. NAME OF CEMETERY OR CREMATORY: WOODLAWN CEM.
23d. LOCATION (City, town, or county) (State): DeSoto MO.

24. FUNERAL DIRECTOR: D.B. DIETRICH ADDRESS: DeSoto Mo.
25. DATE RECD. BY LOCAL REG.: Feb 9-1960
26. REGISTRAR'S SIGNATURE: Marie Harris.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 13 1960

9 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Donnell Fred Dietrich, Student Embalmer No. 588

working under my personal supervision.

Student Donnell Fred Dietrich
Signature of Student Embalmer

Signed Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.