

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960

60-027165
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3335

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>	Length of stay in 1b <u>30 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3102 Jackson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3102 Jackson</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>MISS MARGUERITE ROSE SULLIVAN</u>			4. DATE OF DEATH Month Day Year <u>6 21 60</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-28-11</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>	11. BIRTHPLACE (City and state or country) <u>Leavenworth Co., Ks.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mathias A. Sullivan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Yuneker</u>		14. NAME OF HUSBAND OR WIFE - - - - -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT Address <u>Mrs. Mary Muehlebach 10812 E 43rd. St.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>10 days over 10 years</u>
IMMEDIATE CAUSE (a)	<u>Myocardial Failure</u>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	<u>Extreme Obesity</u>	
DUE TO (b)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severe Anemia following extended Menorrhagia</u>		

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 WORK <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 1942 to 6-21-1960 and last saw her alive on 6-14-1960
Death occurred at 5 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Glen H. Broyles, M.D.</u>		22b. ADDRESS <u>1232 Professional Bldg.</u>	22c. DATE SIGNED <u>6-23-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6-23-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holy Angel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bashear, Kansas</u>
24. FUNERAL DIRECTOR ADDRESS <u>Melody-McGilley-Eylar Funeral Home</u> <u>1800 E. Linwood Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>6-23-60</u>	26. REGISTRAR'S SIGNATURE <u>Drewa Marshall</u>

BY AFFIDAVIT OF
Glen H. Broyles
MEDICAL CERTIFICATION
DOCUMENT

D. W. Bregle
Prog. Bldg.
BA 1-4420
12-3130P.

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 _____, Student Embalmer No. 60 working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. Hubler

Licensed Embalmer No. 4573

P. O. Address K. C. M.

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.