

# I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035312

FILED VS. SEP 22 1960 142

Registration District No. \_\_\_\_\_ Primary Registration District No. 5595 Registrar's No. 108

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jefferson</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY _____									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Imperial, Mo. R # 3</u>		Length of stay in lb <u>1 Month</u>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sunset Court Sub-Div.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3612 1/2 Iron St.,</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<b>3. NAME OF DECEASED</b> (Type or print) First <u>WILLIAM</u> Middle <u>ALBERT</u> Last <u>SULLIVAN</u>				<b>4. DATE OF DEATH</b> Month <u>Sept.</u> Day <u>15</u> Year <u>1960</u>									
5. SEX <u>Male</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>Feb. 3 '21</u>		9. AGE (last birthday) <u>39-7-12</u>		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) <u>Machine Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>International Paper Co. - Greenville, Mo.</u>			11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Charles A. Sullivan</u>				13b. MOTHER'S MAIDEN NAME <u>Horice White</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>Yes W.W. 2</u>				16. SOCIAL SECURITY NO. _____				17. INFORMANT <u>Dan Sullivan R # 3 Imperial, Mo.</u> Address _____					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <u>Carcinoma (Generalized)</u>										INTERVAL BETWEEN ONSET AND DEATH _____			
IMMEDIATE CAUSE (a) _____ DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____ DUE TO (c) _____													
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 _____ a.m. _____ p.m. Month, Day, Year _____													
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.) <u>Imperial Jefferson Mo</u>			20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE <u>Mo</u>								
21. I attended the deceased from <u>Aug 31/60</u> to <u>9/15/60</u> and last saw him alive on <u>9/15/60</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Robert E. Bauer</u> (Degree or title) _____				22b. ADDRESS <u>Imperial Mo</u>				22c. DATE SIGNED <u>9/14/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-18-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery,</u>			23d. LOCATION (City, town, or county) <u>Greenville, Mo.</u> (State) _____						
24. FUNERAL DIRECTOR <u>Bowles and Gish Funeral Home, Piedmont, Mo.</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>9-18-60</u>				26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 23 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Donald F. Vinny*

Licensed Embalmer No. *460*

P. O. Address *Festus*

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