

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006113
STATE FILE NUMBER

AMENDED FILED VS MAR 8 1961
Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 54

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY PHELPS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROLLA		Length of stay in 1b 6 WKS.	c. CITY OR TOWN SULLIVAN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION McFARLAND NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4 GRIGSBY ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last STEPHEN H. SULLIVAN			4. DATE OF DEATH Month Day Year FEB 27 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH AUG. 16, 1882
9. AGE (last birthday) 78		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) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY MERCANTILE	11. BIRTHPLACE (City and state or country) TERRELL, TEXAS
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME STEPHEN H. SULLIVAN SR.	13b. MOTHER'S MAIDEN NAME MARTHA BANDY
14. NAME OF HUSBAND OR WIFE SUSAN MITCHELL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT JOHN L. SULLIVAN, SULLIVAN, MO.		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition			INTERVAL BETWEEN ONSET AND DEATH 2 wks.
DUE TO (b) For advanced arterio-sclerosis			yes
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 12/14/60 to 2/27/61 and last saw ^{her} him alive on 2/27/61 Death occurred at 5:40 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M. Myers MD		22b. ADDRESS Rolla, Mo.	22c. DATE SIGNED 2/27/61
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE MARCH 7, 1961	23c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO
24. FUNERAL DIRECTOR H.M. EATON SULLIVAN, MO.		25. DATE RECD. BY LOCAL REG. Mar. 1, 1961	26. REGISTRAR'S SIGNATURE Nadene L. Stoll

