

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018069

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5373 Registrar's No. 23

FILED MAY 16 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jefferson	b. CITY (If outside corporate limits, give TOWNSHIP only) Plattin Twp.	a. STATE Mo.	b. COUNTY Jefferson
Length of stay in 1b 2 Yrs.		c. CITY OR TOWN DeSoto	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rose Hill Conv. Home		d. STREET ADDRESS 218 So. Main St.	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Francis	Middle Sherman	Last Sullivan	Month May	Day 2
Year 1961				
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/18/86	9. AGE (last birthday) 93
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) Watchman	10b. KIND OF BUSINESS OR INDUSTRY Shoe Mfg. Co.	11. BIRTHPLACE (City and state or country) Old Mines, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Sullivan	13b. MOTHER'S MAIDEN NAME Lucy Johnson	14. NAME OF HUSBAND OR WIFE Loretta Sullivan	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Moira Wells, Crystal City, Mo.	Address
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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
IMMEDIATE CAUSE (a) Cardiovascular disease	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) _____	
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
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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 **Feb 6, 60** to **Apr 26 61** and last saw him ^{born} alive on **Apr 26 61**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>B. Sherman</i> (Degree or title)	22b. ADDRESS DeSoto, Mo.	22c. DATE SIGNED 5/4/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/4/61	23c. NAME OF CEMETERY OR CREMATORY Woodlawn	23d. LOCATION (City, town, or county) (State) DeSoto, Mo.
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24. FUNERAL DIRECTOR J. Lee Mothershead	ADDRESS DeSoto, Mo.	25. DATE RECD. BY LOCAL REG. 5-5-1961	26. REGISTRAR'S SIGNATURE <i>Marie Harris</i>
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 J Lee Mathershoe

Licensed Embalmer No. 3531

P. O. Address De Soto, 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.