

MISSOURI DEATH – STANDARD CERTIFICATE AND WELFARE

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-036408

STATE FILE NUMBER

AMENDED

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 68

FILED NOV 15 1961

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant Township</u>		Length of stay in lb <u>Life</u>		c. CITY OR TOWN <u>Louisburg</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>Louisburg</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Amanda</u> Middle <u>Adella</u> Last <u>Sullivan</u>				4. DATE OF DEATH Month <u>November</u> Day <u>8</u> Year <u>1961</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Caucasian</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 8, 1872</u>		9. AGE (last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>		IF UNDER 24 HR Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and state or country) <u>Branch, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>John Mills</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Votaw</u>				14. NAME OF HUSBAND OR WIFE <u>Albert N. Sullivan</u>					
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>None</u>		17. INFORMANT Name <u>Cledith Rice</u> Address <u>Louisburg, Missouri</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apoplexy (Cerebral Hemorrhage)</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>										? <u>Yrs.</u>			
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 <u>1941</u> to <u>11-8-61</u> and last saw her <u>him</u> alive on <u>11-4-61</u> Death occurred at <u>4:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>D.O. Hammer</u> (Degree or title) <u>M.D.</u>						22b. ADDRESS <u>Buffalo, Missouri</u>			22c. DATE SIGNED <u>11-10-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 11, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>				23d. LOCATION (City, town, or county) <u>Dallas County Missouri</u> (State)					
24. FUNERAL DIRECTOR <u>Montgomery Funeral Home</u> ADDRESS <u>Buffalo, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11/13/61</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Vera Peterson JR</u>							

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

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 *Vernon H. Viets*
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

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.