No. 300
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FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9530

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bowling Green
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): B. B. Springs Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo.
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Buffalo
d. STREET ADDRESS (If rural, give location): R.R. #Two, Louisiana, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): J.
c. (Last): SULLIVAN

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: May 10, 1859
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DECTECTIVE
10b. KIND OF BUSINESS OR INDUSTRY: WESTERN UNION
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CHARLIE SULLIVAN
13b. MOTHER'S MAIDEN NAME: Unknown
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): Unknown
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Warren May - Louisiana, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Artew S Clewser — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* 3-17, 1949, *that I last saw the deceased alive on* 3-16, 1949, *and that death occurred at* 6:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J M Mathews D.O.
23b. ADDRESS: Bowling Green Mo
23c. DATE SIGNED: 3-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/19/49
24c. NAME OF CEMETERY, OR CREMATORY: Riverview
24d. LOCATION (City, town, or county) (State): Louisiana, Mo.

DATE REC'D BY LOCAL REG.: 3-19-49
REGISTRAR'S SIGNATURE: Bill Robinson 254
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Haley Mortuary - Louisiana Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District File Number 4-49-57
Date Filed APR 1 - 1949

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 .....
Student Embalmer

Signed George M. Collier
Licensed Embalmer No. 3839
P. O. Address Louisiana, Mo.

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 this body is not embalmed, fact should be so stated above.