

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>6088</u>		Registrar's No. <u>58</u>					
1. PLACE OF DEATH a. COUNTY <u>Miami</u> <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Miami (Rural)</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Miami (Rural)</u>		d. STREET ADDRESS (If rural, give location)					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amos</u> b. (Middle) <u>Wells</u> c. (Last) <u>Sullivan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 14 '49</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Mar. 21-1870</u>					
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 2 HRS. Days <u>24</u>		IF UNDER 2 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Miami Mo</u>		12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME <u>A. H. W. Sullivan</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Audsley</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Fortune Sullivan</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha S. Elder</u>			ADDRESS <u>Miami Mo</u>			
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) <u>Carcinoma of Pancreas</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>  <u>157A</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>8-20</u> , 19 <u>49</u> , to <u>12-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-7</u> , 19 <u>49</u> , and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.											
23a. SIGNATURE <u>A. H. W. Sullivan</u> (Degree or title) <u>D.M.D.</u>					23b. ADDRESS <u>Miami, Mo</u>			23c. DATE SIGNED <u>12-15-1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Miami Mo</u>					
DATE REC'D BY LOCAL REG. <u>12-19-49</u>		REGISTRAR'S SIGNATURE <u>Mr. Earl C. Metz</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. H. Kibon</u> ADDRESS <u>Miami Mo</u>						

Rec. 12-29..

RECEIVED DEC 29

District Health Officer No. 8.

District File Number .....

Date Filed 12-30-49

JUN 22 1953

STATEMENT BY LICENSED EMBALMER

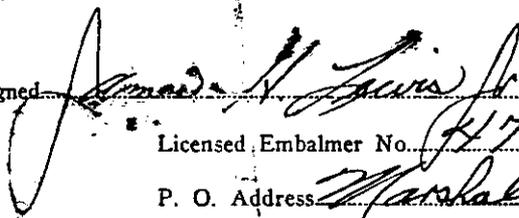
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4709

P. O. Address Marshall, 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.