

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. *17966*

*58*

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. *184* PRIMARY REG. DIST. NO. *3038* Registrar's No. *294*

1. PLACE OF DEATH a. COUNTY <i>Linn</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Brookfield</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Brookfield</i> <i>0582</i>	
c. LENGTH OF STAY (in this place) <i>18 years</i>		d. STREET ADDRESS (If rural, give location) <i>120 E. Canal</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mar 120 E. Canal</i>			
3. NAME OF DECEASED a. (First) <i>Mary</i> b. (Middle) _____ c. (Last) <i>Sullivan</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 2 1950</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct. 17, 1876</i>
9. AGE (In years last birthday) <i>73</i>		10. MONTHS <i>6</i> DAYS <i>15</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Linn County Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Robert Baker</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy Thomas</i>	14. NAME OF HUSBAND OR WIFE <i>James Sullivan</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Ruby Bartlett</i> ADDRESS _____
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES <i>arterial hypertension</i> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <i>Feb 10, 1950</i> , to <i>May 1, 1950</i> , that I last saw the deceased alive on <i>May 1, 1950</i> , and that death occurred at <i>4 P. M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Ruby Bartlett</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Brookfield Mo</i>	23c. DATE SIGNED <i>5-4-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 6, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Brookfield Missouri</i>
DATE REC'D BY LOCAL REG. <i>5-5-50</i>	REGISTRAR'S SIGNATURE <i>W. B. Erwin</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hill Funeral Home Brookfield, Mo</i> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48



**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

*J. B. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.**