

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20053

State File No.

FILED JUN 19 1950

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>IRON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>		
b. CITY OR TOWN <u>BELLEVIEW MO</u>		c. LENGTH OF STAY (in this place) <u>3 MONTHS</u>	c. CITY OR TOWN <u>GREENVILLE</u> <u>1110</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>GENERAL DELIVERY</u> <u>1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>NONE</u> c. (Last) <u>SULLIVAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6th</u> <u>4th</u> <u>1950</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>4/28/1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Days <u>I</u> Hours <u>6</u> IF UNDER 4 WKS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>WILLIAM SULLIVAN</u>	13b. MOTHER'S MAIDEN NAME <u>UNK</u>	14. NAME OF HUSBAND OR WIFE <u>RUTH SULLIVAN</u>
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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'S SIGNATURE OR NAME <u>Ruth Sullivan Belleview Mo</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Mon</u> <u>1 Mon</u> <u>4222</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritis</u>		
	DUE TO (c) <u>Informant's of old age</u>		
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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 21, 1950, to June 4, 1950, that I last saw the deceased alive on May 14, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>T. H. Gale M.D.</u> (Degree of title)	23b. ADDRESS <u>Bismarck, Mo</u>	23c. DATE SIGNED <u>June 5 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/6/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT PISCIA CEM</u>	24d. LOCATION (City, town, or county) (State) <u>SILVIA MO</u>
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DATE REC'D BY LOCAL REG. <u>June 13 - 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Elizabeth Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>129</u> ADDRESS <u>MARSHALL FUNERAL HOME GREENVILLE MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0477

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
LABORATORY SERVICE DIVISION
650-798

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.