

FILED NOV 3 1950 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 33034
Registrar's No. 240

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY OR TOWN Jefferson City,		c. CITY OR TOWN Jefferson City, 1264	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 630 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 630 Broadway			
3. NAME OF DECEASED (Type or Print) LAWRENCE		4. DATE OF DEATH (Month) (Day) (Year) October 26, 1950	
a. (First) A. SULLIVAN		b. (Middle) c. (Last)	
5. SEX 0 Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 11 1900
9. AGE (In years last birthday) 50		10. MONTHS 1 DAYS 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe owner		10b. KIND OF BUSINESS OR INDUSTRY Cafe	
11. BIRTHPLACE (State or foreign country) Centertown, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Sullivan		13b. MOTHER'S MAIDEN NAME Bertha Francis	
13c. NAME OF HUSBAND OR WIFE Edna Tanner Sullivan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 482160548	
17. INFORMANT'S SIGNATURE OR NAME Mrs Lawrence Sullivan		ADDRESS 630 Broadway Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis. 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 checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 1949, to Oct 26, 1950, that I last saw the deceased alive on Oct 19, 1950, and that death occurred at 10:30 p.m., from the causes and on the date stated above.			
23. SIGNATURE John W. McHenry M.D.		23b. ADDRESS Jefferson City, Mo.	
23c. DATE SIGNED 10/30/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct. 29, 1950	
24c. NAME OF CEMETERY OR CREMATORY Riverview		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. Oct 30-1950		REGISTRAR'S SIGNATURE R. P. Davis, M.D. - M.K. 5	
25. FUNERAL DIRECTOR'S SIGNATURE Tanner Funeral Home		ADDRESS 700 Jefferson St.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
264

RECEIVED 11-2-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-2-50

1950
3.10.50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____
Student Embalmer

Signed *Raymond N. Martin*

Licensed Embalmer No. 4150

P. O. Address *Jefferson City, 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.