S. No. 300
v. 10.48

0470

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1950

State File No. 40547

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5564 Registrar's No. 9

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

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Union
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): near Minimum

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Union 0470
d. STREET ADDRESS (If rural, give location): near Minimum

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

4. DATE OF DEATH (Month) Dec. (Day) 11 (Year) 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 7 1883
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 0 Days 4 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jewett Missouri
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Joseph Sullivan
13b. MOTHER'S MAIDEN NAME: Sarah Young
14. NAME OF HUSBAND OR WIFE: Annie Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Carl Sullivan, Annapolis 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) Mitral insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Sant Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Apoplexy — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 334X

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* June, 1950, *to* Dec. 11, 1950, *that I last saw the deceased alive on* about Nov 1950, *and that death occurred at* 7.15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C M Fitzpatrick M.D.
23b. ADDRESS: Osterville Mo
23c. DATE SIGNED: 12/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-13-50
24c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetery
24d. LOCATION (City, town, or county) (State): Arcadia Mo.

DATE REC'D BY LOCAL REG.: Dec. 20, 1950
REGISTRAR'S SIGNATURE: Mrs Avis Jones 128
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: White Funeral Home, Ironton Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 27 1950
DISTRICT HEALTH OFFICE No. 6
File No.....

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.....

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.