

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1951

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u> <u>0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Route #3</u>		d. STREET ADDRESS (If rural, give location) <u>Route #3</u>	
3. NAME OF DECEASED a. (First) <u>James</u> (Type or Print)		b. (Middle) <u>Albert</u>	
		c. (Last) <u>Sullivan</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10 1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 14, 1885</u>
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>1</u>	11. DAYS <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Concession Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mercantile</u>	11. BIRTHPLACE (State or foreign country) <u>Grayville, Ill White Cou.</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Jesse Sullivan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Christian Bulah Sullivan</u>	
14. NAME OF HUSBAND OR WIFE <u>Bulah Sullivan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bulah Sullivan Kennett, Rt#3</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Coronary Sclerosis.</u> 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>27 months</u> <u>4201</u>	
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>May 10 1950</u> to <u>Jan 10 1951</u> , that I last saw the deceased alive on <u>Jan 10 1951</u> , and that death occurred <u>12:00 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Henry E. ...</u>		23b. ADDRESS <u>Kennett, Mo</u>	
		23c. DATE SIGNED <u>1/13/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-13-1951</u>	REGISTRAR'S SIGNATURE <u>Carl ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>90 ... Kennett, Mo.</u>	

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-15-51

COUNTY FILE NUMBER 151-14

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

Walter C. Herwick

Signed.....

Student Embalmer

Licensed Embalmer No. 2002

P. O. Address. Kennett

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.