

STANDARD CERTIFICATE OF DEATH

BIRTH NO. 42724-51 REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 40

0201
4

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

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) Eldorado Springs		c. CITY (If outside corporate limits, write RURAL and give township) Eldorado Springs 0201	
c. LENGTH OF STAY (In this place) 2 hrs		d. STREET ADDRESS (If rural, give location) 319 W. Spring St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chamber Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Thomas	c. (Last) Sullivan	4. DATE OF DEATH (Month) July (Day) 22 (Year) 1951
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 22, 1951	9. AGE (In years last birthday) 2	10. UNDER 1 YEAR Months 0 Days 0	11. HOURS 0	12. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Eldorado Springs, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Kenneth Sullivan	13b. MOTHER'S MAIDEN NAME Mary Vanichel	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Kenneth Sullivan	ADDRESS Eldorado Springs, Mo. 64025
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity		
	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	7625	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 22 July 1951, to 22 July 1951, that I last saw the deceased alive on 22 July, 1951, and that death occurred at 8:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. Hill MD (Degree or title)	23b. ADDRESS Eldorado Springs	23c. DATE SIGNED 27 July 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/23/51	24c. NAME OF CEMETERY OR CREMATORY Eldorado Springs	24d. LOCATION (City, town, or county) (State) Eldorado Springs, Mo.
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DATE REC'D BY LOCAL REG. July 27, 1951	REGISTRAR'S SIGNATURE Rev. E. W. ...	25. FUNERAL DIRECTOR'S SIGNATURE ...	ADDRESS ...
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(Licensed Embalmer's Statement on Reverse Side)

no.

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED AUG 7 1951

Dist. File 851-1465-
Date Filed 8-9-51

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 *May W. Dickering*

Licensed Embalmer No. *4696*

P. O. Address *El Dorado, Sps, 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.