

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26088  
Registrar's No. 125

FILED SEP 6 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH  
a. COUNTY ANDRAIN 0043  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 809 E. PROMENADE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY ANDRAIN  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO 0043  
d. STREET ADDRESS (If rural, give location) 809 EAST PROMENADE 0

3. NAME OF DECEASED (Type or Print)  
a. (First) JOHN b. (Middle) EUGENE c. (Last) SULLIVAN

4. DATE OF DEATH (Month) (Day) (Year)  
AUGUST 23-1951

5. SEX MALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
WIDOWED

8. DATE OF BIRTH AUG 13-1903

9. AGE (In years last birthday) 48  
# UNDER 1 YEAR Months Days # UNDER 1 MIN. Hour Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
TRUCKER

10b. KIND OF BUSINESS OR INDUSTRY  
HAULING

11. BIRTHPLACE (State or foreign country)  
ANDRAIN Co, MO

12. CITIZEN OF WHAT COUNTRY?  
U.S

13a. FATHER'S NAME  
JOHN H. SULLIVAN

13b. MOTHER'S MAIDEN NAME  
DORA FECHT

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME (Address)  
Kenneth Sullivan Mexico 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Bronchogenic Carcinoma  
ANTECEDENT CAUSES  
Morbidity 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  
6 Months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
Transect at Ellis Medical Hospital

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)  
162X

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 Jan 51, 1951, to Aug 23, 1951, that I last saw the deceased alive on Aug 22, 1951, and that death occurred at 7A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Harry F. O'Brien M.D.

23b. ADDRESS  
Mexico Mo.

23c. DATE SIGNED  
8-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

24b. DATE  
8-25-51

24c. NAME OF CEMETERY OR CREMATORY  
CATHOLIC SEM.

24d. LOCATION (City, town, or county) (State)  
MEXICO MO

DATE REC'D BY LOCAL REG. Aug 25 51 REGISTRAR'S SIGNATURE Blanche Neely

25. FUNERAL DIRECTOR'S SIGNATURE (Address)  
Chas Arnold Jr Mexico Mo

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

Date Received: **SEP 4 1951**  
DISTRICT HEALTH OFFICE #2  
District File Number *9-57-1537*  
Date Filed: **SEP 5 1951**

**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

*Charles V. Greening*

Signed.....

Student Embalmer

Licensed Embalmer No. *4825*

P. O. Address. *Meriden, Conn*

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.