

FILED MAY 5 - 1952

STANDARD CERTIFICATE OF DEATH

State File No. 13950

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 875

923
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY ST CHARLES | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY LINCOLN | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST CHARLES | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RFD SILEX, MO 9570 | |
| c. LENGTH OF STAY (In this place) 2 DAYS | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOSEPH HOSPITAL | | | |

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|---|---------------------------|---|--|--|--|
| 3. NAME OF DECEASED a. (First) JOHN b. (Middle) JOSEPH c. (Last) SULLIVAN | | | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 29 1952 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH APRIL 28-1889 | 9. AGE (In years last birthday) Months Days Hours Min. 63 0 1 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY FARMER | | 11. BIRTHPLACE (State or foreign country) LINCOLN County, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME DAN SULLIVAN | | 13b. MOTHER'S MAIDEN NAME ANN BYRNES | | 14. NAME OF HUSBAND OR WIFE MAGGIE SULLIVAN | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NO | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS JOHN SULLIVAN SILEX, 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy of Rt adrenal gland | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension | | |
| | DUE TO (c) Chronic Pulmonary Tuberculosis? | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION none | | 19b. MAJOR FINDINGS OF OPERATION 444X A | | 20. AUTOPSY? YES <input checked="" 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 **4/27**, 1952, to **4/29**, 1952, that I last saw the deceased alive on **4/28**, 1952, and that death occurred at **8:30 am.**, from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--|--|
| 23a. SIGNATURE B.L. Neubeiser, M.D. (Degree or title) | | 23b. ADDRESS 206 Washington St. Charles, Mo. | | 23c. DATE SIGNED 4/29/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE MAY 1-52 | | 24c. NAME OF CEMETERY OR CREMATORY ST ALPHONSUS | |
| 24d. LOCATION (City, town, or county) (State) MILWOOD MO | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.P. Todd Funeral Home, Bowling Green, Mo. | | | |
| DATE REC'D BY LOCAL REG. 5-2-52 | | REGISTRAR'S SIGNATURE James Hamilton | | 284-1 | |

RECEIVED
JUN 11 1956
MORTUARY

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 James C. Mudd
Licensed Embalmer No. 4152

P. O. Address Boaling Green, 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.