

STANDARD CERTIFICATE OF DEATH

16270

State File No.

300
48

FILED MAY 14 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **4334**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN Salem	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) MARY		b. (Middle) J.	
c. (Last) SULLIVAN		5. (Month) 4 (Day) 24 (Year) 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 4 1885
9. AGE (in years last birthday) 67		10. IF UNDER 1 YEAR Months 6 Days	11. IF UNDER 10 HRS Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Shannon County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Marion Wood		13b. MOTHER'S MAIDEN NAME Sarah Jane Sisco	
13c. NAME OF HUSBAND OR WIFE Everet Sullivan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Vernon Ray, Salem, Missouri.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism (Post operative).		INTERVAL BETWEEN ONSET AND DEATH 5 min.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Obstructive jaundice		DUE TO (c) Duodenal Diverticulum.	
DUE TO (c) Duodenal Diverticulum.		10 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 4/23/53		19b. MAJOR FINDINGS OF OPERATION	
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 586X			
22. I hereby certify that I attended the deceased from 4/13, 19 53 to 4/24, 19 53 , that I last saw the deceased alive on 4/24, 19 53 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE F.R. Bradley (Degree or title) MD.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 4/25/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-25-53	
24c. NAME OF CEMETERY OR CREMATORY Cedar Grove		24d. LOCATION (City, town, or county) (State) Salem, Missouri.	
DATE REC'D BY LOCAL REG. APR 27 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD.	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe,		ADDRESS 4700 Washington	

(Licensed Embalmer's Statement on Reverse Side)

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

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

John S. Denehey
Licensed Embalmer No. 4199

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.