

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2121**  
Registrar's No. **4**

FILED **JAN 18 1954**  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339**

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

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY OR TOWN <b>PARIS</b>		c. CITY OR TOWN <b>PARIS</b>	
c. LENGTH OF STAY (in this place) <b>5 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>N. MAIN ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>N. MAIN ST.</b>		d. STREET ADDRESS <b>N. MAIN ST.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MATTIE</b> b. (Middle) _____ c. (Last) <b>SULLIVAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 13, 1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>AUG 8, 1865</b>		9. AGE (In years last birthday) <b>88</b>		10. IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b>	
11. BIRTHPLACE (State or foreign country) <b>INDIANA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>INDIANA</b>	

13a. FATHER'S NAME <b>AMOS CRAVENS</b>		13b. MOTHER'S MAIDEN NAME <b>LEAH TROSEL</b>		14. NAME OF HUSBAND OR WIFE <b>FRANK L. SULLIVAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>RUTH BAILEY</b> ADDRESS <b>PARIS, MO.</b>	

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) <b>CHRONIC MYOCARDITIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 1/2</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIO SCLEROSIS</b>		<b>7 1/2</b>	
		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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (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 **Nov 1, 1933**, to **1-13, 1954**, that I last saw the deceased alive on **1-13, 1954**, and that death occurred at **4:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. H. ... M.D.</b> (Degree or title)		23b. ADDRESS <b>PARIS MISSOURI</b>		23c. DATE SIGNED <b>1-13-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>1-14-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. CEMETERY</b>	
24d. LOCATION (City, town, or county) <b>MARION, IND.</b> (State) <b>IND.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed Blakey</b>		ADDRESS <b>PARIS, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>1-14-54</b>		REGISTRAR'S SIGNATURE <b>J. L. Barnett</b>		4357	

**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 E. H. Agnew,

Licensed Embalmer No. 4000

P. O. Address Paris, 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.