

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12553**BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. CITY OR TOWN Aurora	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 72 Yrs.		e. STREET ADDRESS (If rural, give location) 632 E. Springfield St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 632 E. Springfield St.		o. 55/0	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE SULLIVAN b. (Middle) CROWELL c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 24, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec 4, 1881
9. AGE (In years last birthday) 72		10. MONTHS 	11. YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Stone County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Eli Forrester	
13b. MOTHER'S MAIDEN NAME Teresa Tabitha O'Quinn		14. NAME OF HUSBAND OR WIFE Lester Sullivan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Lester Sullivan		ADDRESS Aurora, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) <u>Arteriosclerosis</u> Due to (c) <u>Arteriosclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1948 to April 24, 1954 , that I last saw the deceased alive on June 1, 1954 , and that death occurred at 6:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE L. P. Costello		(Degree or title) M.D.	23b. ADDRESS Aurora, Mo.
23c. DATE SIGNED 4-24-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/26/54	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Marionville, Mo.
DATE REC'D BY LOCAL REG. 4/26/54	REGISTRAR'S SIGNATURE Ora Mc Natt	157	25. FUNERAL DIRECTOR'S SIGNATURE William Wood - Aurora, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MIN A
1954

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 _____
Signature of Student Embalmer

Signed James D. Craft

Licensed Embalmer No. 466

P. O. Address Aurora

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.