

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15164**

FILED JUN 7 1954

BIRTH NO. 14705-54 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>518 South Ellis Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PATRICK</u> b. (Middle) <u>M.</u> c. (Last) <u>SULLIVAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 20, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>March 19, 1954</u>		9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inf</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>Aloysius F. Sullivan</u>		13b. MOTHER'S MAIDEN NAME <u>Grace E. Ahlhardt</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Aloysius F. Sullivan</u> ADDRESS <u>Cape Gir., Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 h</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration pneumonia</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid 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.			

19a. DATE OF OPERATION <u>3/20/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>7630</u>		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) (Min.)		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 March 19, 1954 to March 20, 1954, that I last saw the deceased alive on March 19, 1954, and that death occurred at 4:45 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John Crowe M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>March 29, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>		DATE REC'D BY LOCAL REG. <u>6-2-54</u>		REGISTRAR'S SIGNATURE <u>L. C. Summers</u> ADDRESS <u>44-0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Funeral Home</u>		ADDRESS <u>Cape Gir.</u>			

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

No. 300  
10-48

**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 Not Embalmed....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Virgil H. Stelek.....  
Licensed Embalmer No. 410.....

P. O. Address Cape Girardeau.....

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.