

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **33462**

**FILED NOV 3 - 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5387 Registrar's No. 76

<b>1. PLACE OF DEATH</b> a. COUNTY <p align="center">Dent County</p>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Dent.</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Boss, Missouri</p>		c. LENGTH OF STAY (in this place) <p align="center">10 yr.s</p>		c. CITY OR TOWN <p align="center">Boss, Mo.</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Boss, Missouri</p>		e. STREET ADDRESS (If rural, give location) <p align="center">Boss, Missouri</p>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <p align="center">Carl</p>	b. (Middle) <p align="center">Esco</p>	c. (Last) <p align="center">Sullivan</p>	(Month) <p align="center">oct.</p>	(Day) <p align="center">25,</p>	(Year) <p align="center">1954</p>

<b>5. SEX</b> <p align="center">Male</p>	<b>6. COLOR OR RACE</b> <p align="center">White</p>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <p align="center">Married</p>	<b>8. DATE OF BIRTH</b> <p align="center">Feb. 14, 1884</p>	<b>9. AGE</b> (In years last birthday) <p align="center">70</p>	<b>10. MONTHS</b> <p align="center">70</p>	<b>11. YEAR</b> <p align="center">70</p>	<b>12. HOURS</b> <p align="center">70</p>	<b>13. UNDER 24 RES.</b> <p align="center">70</p>	<b>14. MIN.</b> <p align="center">70</p>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <p align="center">Farmer</p>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <p align="center">Farm</p>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <p align="center">Cherryville, Missouri</p>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <p align="center">U.S.A.</p>
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<b>13a. FATHER'S NAME</b> <p align="center">John W. Sullivan</p>	<b>13b. MOTHER'S MAIDEN NAME</b> <p align="center">Mary Edgar</p>	<b>14. NAME OF HUSBAND OR WIFE</b> <p align="center">Nee Scott Virgie, Sullivan</p>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No. X</p>	<b>16. SOCIAL SECURITY NO.</b> <p align="center">X</p>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <p align="center">Virgie, Sullivan</p>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <p align="center">cerebral thrombosis</p>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <p align="center">14 hrs</p>
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <p align="center">DUE TO (b) general arteriosclerosis + scinty</p>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <p align="center">332X</p>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <p align="center">m.</p>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** 1945, 19  , to 10-25, 1954, that I last saw the deceased alive on 10-25, 1954, and that death occurred at 7:20 P.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <p align="center">J. S. [Signature]</p>	(Degree or title) <p align="center">M.D.</p>	<b>23b. ADDRESS</b> <p align="center">Salmon, Mo</p>	<b>23c. DATE SIGNED</b> <p align="center">10-26-54</p>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <p align="center">Burial</p>	<b>24b. DATE</b> <p align="center">Oct. 28, 1954</p>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <p align="center">Boss, Cem.</p>	<b>24d. LOCATION</b> (City, town, or county) (State) <p align="center">Boss, Missouri</p>
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<b>DATE REC'D BY LOCAL REG.</b> <p align="center">10-26-54</p>	<b>REGISTRAR'S SIGNATURE</b> <p align="center">M. M. Hurst, M.D.</p>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <p align="center">[Signature]</p>	<b>ADDRESS</b> <p align="center">Salmon, Mo</p>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

No. 300  
10.48  
330

APR 20 1957

1957

**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.....  
*David J. Jensen*

Licensed Embalmer No. 937

P. O. Address Salem

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.