

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34176**  
**4659**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is 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) <b>74 yrs.</b>		STREET ADDRESS (If rural, give location) <b>7219 Summit Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7219 Summit Street</b>		<b>3928</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>JAMES</b>	b. (Middle) <b>HENRY</b>	c. (Last) <b>SULLIVAN</b>	(Month) <b>Oct.</b>	(Day) <b>4,</b>	(Year) <b>1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>April 4, 1878</b>		9. AGE (to years last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shipping Clerk, Sewall Paint Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Page County, Iowa</b>	
13a. FATHER'S NAME <b>William H. Sullivan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Shum</b>		14. NAME OF HUSBAND OR WIFE <b>Leah M. 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. <b>486-07-1358 A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Jamie Sullivan, 7219 Summit, K.C., Mo.</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis, chronic</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hemi plegia, left.</b> DUE TO (c) <b>cerebral vascular apoplexy.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b> <b>2 years.</b> <b>2 years.</b> <b>334X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 4/13, 1951, to 10/4, 1954, that I last saw the deceased alive on 10/4, 1954, and that death occurred at 11 P. m., from the cause and on the date stated above.

23a. SIGNATURE <b>James Q. Chambers Jr.</b> (Degree or title)		23b. ADDRESS <b>1100 Grand Ave. Kansas City, Mo.</b>		23c. DATE SIGNED <b>10/6/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 7, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	
24d. LOCATION (City, town, or county) (State)		<b>Jackson County, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>10-6-54</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BA. 4420  
2:00 PM. Tues. (SURE)

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 *Clayton Barnes*

Licensed Embalmer No. 479

P. O. Address *R. C. M.*

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.