

STANDARD CERTIFICATE OF DEATH

4170

State File No.

No. 300
10-48

FILED FEB 28 1955

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Carrollton</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Carrollton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 W. 6th</u>		e. STREET ADDRESS (If rural, give location) <u>0171</u>	

3. NAME OF DECEASED
(Type or Print) a. (First) AMBROSE A. b. (Middle) SULLIVAN c. (Last) SULLIVAN 4. DATE OF DEATH (Month) (Day) (Year) Feb. 7 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 2, 1879 9. AGE (In years last birthday) 75 If UNDER 1 year: Months _____ Days _____ If UNDER 18 hrs: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and State or Foreign Country) Fayetteville Ohio 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Timothy Sullivan 13b. MOTHER'S MAIDEN NAME Mary Lyons 14. NAME OF HUSBAND OR WIFE Annie W. Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Virgil Sullivan ADDRESS Carrollton Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		
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 4201 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Feb 3, 1954, to Feb 7, 1955, that I last saw the deceased alive on Feb 7, 1955, and that death occurred at 9:30 m., from the causes and on the date stated above.

23a. SIGNATURE Wm H. Pley (Degree or title) 45 MA 23b. ADDRESS Carrollton, Mo 23c. DATE SIGNED 2/8/55

24a. BURIAL, CREMATION REMOVAL (Specify) Burial 24b. DATE Feb 10 1955 24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cem. 24d. LOCATION (City, town, or county) (State) Carrollton Mo.

DATE REC'D BY LOCAL REG. 2/10/55 REGISTRAR'S SIGNATURE Wm Herbert Calvert 25. FUNERAL DIRECTOR'S SIGNATURE Stanley & Libson ADDRESS Carrollton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ben W. Gibson*

Licensed Embalmer No. *296*

P. O. Address *Carroll*

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.