

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18488**

FILED JUN 16 1955

BIRTH NO. _____ REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **4234** Registrar's No. **35**

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

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1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) Ironton		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Union Township	
c. LENGTH OF STAY (In this place) 7 hours		d. STREET ADDRESS (If rural, give location) near Minimum	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) JESSIE	b. (Middle) MONROE	c. (Last) SULLIVAN	4. DATE OF DEATH (Month) (Day) (Year) June 1 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan. 28 1931	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR 4 Months 9 Days	IF UNDER 24 HRS. 9 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY lumber mill	11. BIRTHPLACE (State or foreign country) Iron County Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Monroe Sullivan	13b. MOTHER'S MAIDEN NAME Belle King	14. NAME OF HUSBAND OR WIFE ##
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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. 48-28-7926	17. INFORMANT'S SIGNATURE OR NAME Monroe Sillivan, Annapolis Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot G'n Wound Left Lower Chest		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shock and Loss of Blood		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E976 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Minimum Rural Iron Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 1 55 10.4	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Discharged Shot G'n in left Chest
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. A. Howell Coroner 3	23b. ADDRESS Ironton, Mo.	23c. DATE SIGNED 6/3/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-3-55	24c. NAME OF CEMETERY OR CREMATORY Polk Cemetery Arcadia Mo.	24d. LOCATION (City, town, or county) (State) W
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DATE REC'D BY LOCAL REG. 6-6-55	REGISTRAR'S SIGNATURE Mrs. Aris Jones 128-0	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo.	ADDRESS Archie White
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Arnold White

Licensed Embalmer No. 3212

P. O. Address Greenville, S.C.

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 this body is not embalmed, fact should be so stated above.