

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 29 1955

State File No. 37044
4838

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Con Kansas City by Hosp</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Conley Maternity Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5009 NORLEDGE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Gene</u> c. (Last) <u>Sullivan</u>		4. DATE OF DEATH (Month) <u>11</u> (Day) <u>9</u> (Year) <u>55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>11-9-55</u>
9. AGE (In years last birthday) _____ IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	112. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Eugene H. Sullivan</u>		13b. MOTHER'S MAIDEN NAME <u>Lorna B. Jacobs</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eugene H. Sullivan K.C. Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Paralysis due to toxemia of pregnancy.</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Asphyxia</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Atelectasis & Physiologic Prematurity</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Abruptio Placenta</u>		<u>7695</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-9</u> , 19 <u>55</u> , to <u>11-9</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-9</u> , 19 <u>55</u> , and that death occurred at <u>7:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. G. Gargity</u> (Degree or title)		23b. ADDRESS <u>5811 N. 44th St.</u>	
23c. DATE SIGNED <u>11/9/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-9-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>mt. moriah</u>		24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-9-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>		ADDRESS <u>Indep. Mo.</u>	

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

Handwritten notes in the top right corner, including "H.P.D." and other illegible scribbles.

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 Tom D. Marble

Licensed Embalmer No. 45

P. O. Address Indep

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.