

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15202

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>6088</u>		Registrar's No. <u>23</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Miami</u>		c. LENGTH OF STAY (in this place) <u>51 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Miami</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Joseph Sullivan</u>				d. STREET ADDRESS				
3. NAME OF DECEASED a. (First) <u>Temrest</u>			b. (Middle) <u>Joseph</u>		c. (Last) <u>Sullivan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 15-1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July, 11-1904</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>active</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Amos Sullivan</u>			13b. MOTHER'S MAIDEN NAME <u>Lucie Gibbons</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Willis Sullivan</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>		16. SOCIAL SECURITY NO. <u>407-42-5544</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Viola Sullivan, Miami</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by hanging</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Depression</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>974X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Barn on Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Miami Saline Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 15-1956, 3:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>By his own hands</u>				
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:40</u> p. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R.L. Lawless M.D., Coroner Saline Co.</u>				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>4-16-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/17/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harmony</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D. Miami, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/23/56</u>		REGISTRAR'S SIGNATURE <u>Mrs. E. C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. C. Hill</u>		ADDRESS <u>Stater</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 20 1958

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
Student Embalmer

Signed A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater N

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.