

FILED MAY 8 1956

STANDARD CERTIFICATE OF DEATH

15325

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Nevada</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Nevada</i>		108 ² / ₀ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>402 No. Cedar St. Wagon Nursing Home</i>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>402 N. Cedar</i>	
3. NAME OF DECEASED (Type or print) First <i>Carrie</i> Middle <i>E.</i> Last <i>Sullivan</i>				4. DATE OF DEATH Month <i>April</i> Day <i>23</i> Year <i>1956</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <i>WIDOWED</i> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov. 6 - 1864</i>		9. AGE (In years last birthday) <i>91</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Grayville Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Hunter</i>				14. MOTHER'S MAIDEN NAME <i>Hunter</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>J.A. Sullivan Nevada, Mo.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic C.V.R. Disease</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Yrs.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b)	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <i>4</i> Month <i>23</i> Day <i>56</i> Year <i>56</i> a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>4-16-56</i> to <i>April 23 56</i> and last saw her alive on <i>Apr 23 56</i> Death occurred at <i>10:20</i> a m on the <i>day</i> stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Leinita [unclear]</i>				22b. ADDRESS <i>Nevada Mo</i>		22c. DATE SIGNED <i>4-25-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>9:30 AM - 4-25-56 Burial</i>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <i>Int Calvary Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Nevada Mo</i>	
24. FUNERAL DIRECTOR <i>Hays Funeral Service Nevada Mo</i>				25. DATE RECD. BY LOCAL REG. <i>4-30-56</i>		26. REGISTRAR'S SIGNATURE <i>Uma E. Ferry</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. H. Marmaduke*.....

Licensed Embalmer No. *20*.....

P. O. Address *Nevada*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

(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.