

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16975

BIRTH NO.		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5667		Registrar's No. 66			
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy		c. LENGTH OF STAY (in this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Silex RFD #1		0570			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln County Hospital				d. STREET ADDRESS (If rural, give location) none					
3. NAME OF DECEASED (Type or Print) a. (First) Margaret			b. (Middle) Beatrice		c. (Last) Sullivan		4. DATE OF DEATH (Month) (Day) (Year) May 17 1956		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 4-26-1889	9. AGE (in years last birthday) 67	IF UNDER 1 YEAR 0	IF UNDER 24 HRS. 21		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Lincoln County Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Dee Stephens			13b. MOTHER'S MAIDEN NAME Mary Jane Mudd		14. NAME OF HUSBAND OR WIFE John L. Sullivan				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-42-5462		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dennis Sullivan Silex Missouri					
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) PULMONARY EMBOLUS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PHLEBOTROMBOSIS 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 20 m. 11/2 24 HRS	
19a. DATE OF OPERATION 5-10-56		19b. MAJOR FINDINGS OF OPERATION CHOLELITHIASIS				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 464X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 4-11, 1956, to 5-17, 1956, that I last saw the deceased alive on 5-17, 1956, and that death occurred at 3:29 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Louis P. Hellage MD				23b. ADDRESS 3RD + WOOD, TROY, MO		23c. DATE SIGNED 5-17			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-19-56		24c. NAME OF CEMETERY OR CREMATORY St. Alphonsus Cemetery Millwood		24d. LOCATION (City, town, or county) (State) Missouri			
DATE REC'D BY LOCAL REG. 5-26-56		REGISTRAR'S SIGNATURE Emma B. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE J. O. Mudd		ADDRESS Bowling Green, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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

James B. Mordel

Licensed Embalmer No.

4152

P. O. Address

Baileys Green Md

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.