

FILED AUG 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27793**

BIRTH NO.		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 4400		Registrar's No. 44140	
1. PLACE OF DEATH a. COUNTY Pemiscott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bragg City		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Bragg City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				e. STREET ADDRESS (If rural, give location) 0780			
3. NAME OF DECEASED (Type or Print) a. (First) Ardell		b. (Middle)		c. (Last) Sullivan		4. DATE OF DEATH (Month) (Day) (Year) June 17 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Dec. 8 1873	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days		IF UNDER 100 Hrs. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City, and State, or Foreign Country) Calome, Ark.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Bill Sullivan		13b. MOTHER'S MAIDEN NAME Martha Duke		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Janie Edwards ADDRESS Bragg City, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial pneumonia				INTERVAL BETWEEN ONSET AND DEATH 15 days 10 years 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input 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)		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 June 2, 1956 to June 12, 1956 that I last saw the deceased alive on June 17, 1956 , and that death occurred at 6:00 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Daniel R. Hensley MD				23b. ADDRESS Wendell Mo.		23c. DATE SIGNED 8/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 19 1956		24c. NAME OF CEMETERY OR CREMATORY Sullivan Cemetery		24d. LOCATION (City, town, or county) (State) Balome, Ark.	
DATE REC'D BY LOCAL REG. 8-15-56		REGISTRAR'S SIGNATURE John St. German		25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Serv. Inc.		ADDRESS Senath, Ark.	

(Licensed Embalmer's Statement on Reverse Side)

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

8-210-56

RECEIVED DUNKLIN COUNTY HE

DEPARTMENT 8-13-5

AUG 17 1956

COUNTY FILE NUMBER 856-

PERMISCOOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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.....
Signature of Student Embalmer

Signed *Edwin L. Lawrence*

Licensed Embalmer No. 484
P. O. Address *Senath...*

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.