

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34915**

FILED OCT 29 1956

BIRTH NO. _____ REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **3050** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Remick		2. USUAL RESIDENCE (Where deceased lived, if institution; residence, if before institution) a. STATE MO b. COUNTY Remick	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville	c. LENGTH OF STAY (in this place) 30 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Adam. Dr	

3. NAME OF DECEASED (Type or Print)	a. (First) Wade	b. (Middle) Hampton	c. (Last) Sullivan	4. DATE OF DEATH (Month) (Day) (Year) 10 18 56
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-17-1887	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 1	IF UNDER 10 Hrs. Days 1	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) minister	10b. KIND OF BUSINESS OR INDUSTRY fasting	11. BIRTHPLACE (City and State, or Foreign Country) Gray, Ark.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Wade Sullivan	13b. MOTHER'S MAIDEN NAME Rosie Osborn	13c. NAME OF HUSBAND OR WIFE Pinky Sullivan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Pinky Sullivan	ADDRESS Caruthersville
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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		19. INTERVAL BETWEEN ONSET AND DEATH unk.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Rectum		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 154x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10:30 AM 10/18/56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **18 October 1956**, to **18 October 1956**, that I last saw the deceased alive on **16 October 1956**, and that death occurred at **11 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. W. L. ...	23b. ADDRESS Caruthersville, Missouri	23c. DATE SIGNED 10/22/56
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-21-56	24c. NAME OF CEMETERY OR CREMATORY Morgan	24d. LOCATION (City, town, or county) (State) Caruthersville MO
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DATE REC'D BY LOCAL REG. Oct 22, 1956	REGISTRAR'S SIGNATURE Jessie B. ...	25. FUNERAL DIRECTOR'S SIGNATURE ...	ADDRESS ...
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

247

10-277-56

OCT 26 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 26 1956

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 L. J. Smith
Licensed Embalmer No. 4408

P. O. Address Helixton, Mo.

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.