

BIRTH NO. REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 33

1. PLACE OF DEATH <i>Home</i>		2. USUAL RESIDENCE (Where deceased lived. *If institution: residence before admission).	
a. COUNTY <i>St Charles</i>		a. STATE <i>Mo</i> b. COUNTY <i>St Charles</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Wentzville</i>		c. CITY OR TOWN <i>Wentzville</i>	
c. LENGTH OF STAY (in this place) <i>22 yr</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>3 mi North West</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <i>Daisy</i>			11 1 1956		
b. (Middle)			c. (Last) <i>Sullivan</i>		
5. SEX <i>F</i>		6. COLOR OR RACE <i>Black</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>Apr 15 1906</i>		9. AGE (In years last birthday) <i>49</i>		IF UNDER 1 YEAR Months <i>6</i> Days <i>17</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 <i>Home Duties</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Wentzville Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					

13a. FATHER'S NAME <i>Wm Buckner</i>		13b. MOTHER'S MAIDEN NAME <i>Agnes Shedy</i>		14. NAME OF HUSBAND OR WIFE <i>Harry Sullivan</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <i>Harry Sullivan</i> ADDRESS <i>Wentzville Mo</i>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>MYOCARDIAL INFARCTION</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>CORONARY THROMBOSIS</i> DUE TO (c) <i>ARTEROSCLEROTIC HEART DISEASE</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>H2O.O</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *9:15 P m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Warren B. Hamilton, D.O.</i> (Degree or title)		23b. ADDRESS <i>WENTZVILLE, MO.</i>		23c. DATE SIGNED <i>11-2-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11-4-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hopewell Baptist</i>	
24d. LOCATION (City, town, or county) (State) <i>4 mi S. Wentzville Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>T G Pittman</i> ADDRESS <i>Funeral Home Wentzville Mo</i>			
DATE REC'D BY LOCAL REG. <i>Nov 6 1956</i>		REGISTRAR'S SIGNATURE <i>Mark G Hoff</i>			

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

JUL 29 1957

FEB 13 1957

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 *Annetta M. Pittman*

Licensed Embalmer No. *305*

P. O. Address *Wentzville*

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.