

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5035

State File No. ....

FILED FEB 27 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 7002 Registrar's No. 602

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kennett City</u>		c. LENGTH OF STAY (In this place) <u>35 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatsley Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1210 East 16<sup>th</sup></u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carl</u>	b. (Middle)	c. (Last) <u>Sullivan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug. 15, 1892</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labour</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Pack</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Little Rock, Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Sullivan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give date of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Sullivan</u>	ADDRESS <u>1210 E. 16<sup>th</sup></u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>410X</u>
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>mitral insufficiency</u>  DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mitral insufficiency</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No</u>	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) <u>Kennett Jackson, MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-3-1957 to 2-6-1957, that I last saw the deceased alive on 2-6-1957, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry B. Lyons M.D.</u>	23b. ADDRESS <u>1605 East 18<sup>th</sup></u>	23c. DATE SIGNED <u>2-7-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-12-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Jan. K.C.</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-7-57</u>	REGISTRAR'S SIGNATURE <u>Neva Minshel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brighton &amp; Sons</u>	ADDRESS <u>18<sup>th</sup> &amp; Park</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Henry B. Lyons

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.....  
*Lawrence A. Jones*

Licensed Embalmer No. ....  
*449*

P. O. Address *2300 E. 1st St. N. W.*

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.