

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

157-021393  
STATE FILE NUMBER  
3049

FILED JUL 12 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3049

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6600 Truman Rd.</b> Length of stay in 1b <b>8 yrs.</b>		d. STREET ADDRESS <b>1730 Crystal</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Ernest</b> Middle <b>D.</b> Last <b>Sullivan</b>		4. DATE OF DEATH Month <b>June</b> Day <b>30</b> Year <b>1957</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 6, 1949</b>
9. AGE (In years last birthday) <b>8</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Harvey Sullivan</b>	
14. MOTHER'S MAIDEN NAME <b>Donita Hayworth</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>-----</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Harvey Sullivan</b> Address <b>1730 Crystal K.C.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) <b>Probable Prognia</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>5:45 pm</b> Month <b>6</b> Day <b>14</b> Year <b>49</b> a. m. <b>---</b> p. m. <b>---</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Kansas City, Mo.</b> COUNTY <b>Jackson</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>6-14-49</b> to <b>6-30-57</b> and last saw <b>her</b> alive on <b>12-29-56</b> Death occurred at <b>5:45 pm</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. M. Haight</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>3401 E 12th KC Mo</b>	
22c. DATE SIGNED <b>7-1-57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
23b. DATE <b>7/2/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b> (State)		24. FUNERAL DIRECTOR <b>Earp &amp; Sons</b> ADDRESS <b>4139 Truman Rd.</b>	
25. DATE RECD. BY LOCAL REG. <b>7-1-57</b>		26. REGISTRAR'S SIGNATURE <b>new Marshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death, self-care, public service, 000-56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

J. M. Haight

Re 1-48-22

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 *James W. Earp*

Licensed Embalmer No. 46

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.