

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57-0-23335  
STATE FILE NUMBER 110

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren V</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Elkhorn township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Warrenton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>West of Warrenton</b>		Length of stay in 1b <b>1 day</b>	d. STREET ADDRESS <b>305 Steinhagen Rd.</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Woodrow</b> Middle <b>S.</b> Last <b>O'Sullivan</b>			4. DATE OF DEATH Month <b>July</b> Day <b>7</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 2, 1915</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner &amp; manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Nursing Home</b>	9. AGE (In years last birthday) <b>41</b>
11. BIRTHPLACE (City and state or country) <b>Farmington, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Daniel O'Sullivan</b>		14. MOTHER'S MAIDEN NAME <b>Katie Jane Williams</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>130-10-0828</b>	
17. INFORMANT <b>Mrs. W.S.O'Sullivan, Warrenton, Mo.</b>		Address	
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>Thrombing</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Verdict of Coroner jury.</b> DUE TO (c) <b>Accidental drowning</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>9294</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Falling from water slide into lake</b>		
20c. TIME OF INJURY Hour <b>7</b> Month <b>7</b> Day <b>7</b> Year <b>1957</b> a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) <b>Private lake</b>		
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Warrenton, Warren Co.</b>		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <b>4</b> <b>P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>P. H. Krugger D.C. Coroner</b>		22b. ADDRESS <b>Warrenton Mo</b>	22c. DATE SIGNED <b>July 9, 1957</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-10-57</b>	23c. NAME OF CEMETERY OR CREMATORIAN <b>Laurel Hill Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>F.W. Nieburg &amp; Co., Warrenton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 11, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Lloyd Logan</b>

(Licensed Embalmer's Statement on Reverse Side)

lib. office vice

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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VS APR 5 1960

1961 4 1 700'

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 *John Lieburg*.....

Licensed Embalmer No. *3*

P. O. Address *Warrenton*

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.