

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043141

STATE FILE NUMBER

FILED DEC 23 1958 Registration District No. 1 Primary Registration District No. 300 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville 02-3 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE 1516 N. Main		Length of stay in 1b 10 yrs	d. STREET ADDRESS (If outside, give location) 1516 N. Main St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CHARLEY A. SULLIVAN			4. DATE OF DEATH Month Day Year Dec. 13 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEW WEDDED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> YOUNG <input type="checkbox"/>	8. DATE OF BIRTH July 25 1879	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Adair Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME Sam Roberts			14. MOTHER'S MAIDEN NAME Frances Sullivan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 493-28-7172	17. INFORMANT Address Anna Sullivan, Kirksville, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) arterio sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 1 hour 3 days 2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART. I. (a) 4200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 Month, Day, Year a. m. p. m.		

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 Kirksville, Mo.	COUNTY Adair	STATE Mo.
21. I attended the deceased from Dec. 13, 1958 to Dec. 13, 1958 and last saw him alive on Dec. 13, 1958 Death occurred at 1:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Howard E. Gross, M.D.		22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 12-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/16/58	23c. NAME OF CEMETERY OR CREMATOR Union Temple	23d. LOCATION (City, town, or county) (State) Kirksville, Adair, Mo.
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24. FUNERAL DIRECTOR Howard E. Gross Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 12-15-1958	26. REGISTRAR'S SIGNATURE Dora W. Ratliff
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, IF POSSIBLE, GROSS
MEDICAL CERTIFICATION
HOWARD E. GROSS, D.O.

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. No symptoms will be listed.

DEC 28 1958

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 *Nova E. Foster*
Nova E. Foster
Licensed Embalmer No. 4742
Kirksville, Mo.
P. O. Address

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.