Health, & Welfare Public Service

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REG.#A732

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016923
STATE FILE NUMBER

Registration District No. 4-3 Primary Registration District No. 3007 Registrar's No. 243

1. PLACE OF DEATH a. COUNTY BUTLER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DENT
b. CITY OR TOWN POPLAR BLUFF — Inside Limits Yes XX No ☐	c. CITY OR TOWN SALEM — Inside Limits Yes ☐ No X
c. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM.HOSPITAL — Length of stay in 1b 5 DAYS	d. STREET ADDRESS (If outside, give location) ROUTE THREE — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month Day Year
TROY	JAMES	SULLIVAN	MAY 19, 1959

5. SEX	6. COLOR OR RACE	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
MALE	WHITE		6-18-93	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
CHAUFFEUR	TRANSPORTATION	PHELPS COUNTY, MISSOURI	U.S.A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
ELIJAH SULLIVAN	ELIZABETH ADAMS	BELLE ZORA SULLIVAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
YES	WWI	UNKNOWN	VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CEREBRAL HEMORRHAGE, ACUTE, LEFT.	Sudden.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ENCEPHALOMALACIA, CHRONIC, LEFT.	6 Days
DUE TO (c)	ARTERIOSCLEROTIC HEART DISEASE, CHRONIC.	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1. ATHEROSCLEROSIS, CHRONIC. 2. GLOMERULONEPHROSIS, CHRONIC. 3. PLEURITIS, LEFT, SEVERE, CHRONIC

19. WAS AUTOPSY PERFORMED? YES X NO ☐ Yes

20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
☐	☐	☐	4 200

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

VA

21. I attended the deceased from MAY 14, 1959, to MAY 19, 1959 ~~and last saw him alive on~~

Death occurred at 8:25 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
J. Lester Harwell J. LESTER HARWELL, M.D., Actg.Pathologist	VA HOSPITAL, POPLAR BLUFF, MO.	5/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
removal	5-20-1959		Salem, Missouri

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Warfel F. H., Salem, Mo.	5/23/59	[illegible]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Part I. No symptoms will be listed. All diseases in Part I must be causally related.

FILE No.

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 Ray L. Adams

Licensed Embalmer No. 4928

P. O. Address Poplar Bluff

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.