

FILED VS SEP 1 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-029336
STATE FILE NUMBER
3965

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3965

300
1-57

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>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Pleasant Hill</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3324 Charlotte</u>		Length of stay in lb <u>1 day</u>	d. STREET ADDRESS (If outside, give location) <u>207 N. Lake</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Owen</u> Last <u>Sullivan</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>12,</u> Year <u>1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 15, 1903</u>
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Florist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Greenhouse</u>	11. BIRTHPLACE (City and state or country) <u>East Lynne, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Patrick H. Sullivan</u>	
13b. MOTHER'S MAIDEN NAME <u>Amanda Bloom</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Harriett Sullivan</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-09-0876</u>	17. INFORMANT Address <u>Mrs. Harriett Sullivan Pleasant Hill, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>same</u> DUE TO (c) <u>same.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Long history of Coridial Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a.m. <u> </u> p.m. <u> </u>	
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 COUNTY STATE
21. I attended the deceased from <u>8-10-59</u> to <u>8-12-59</u> and last saw <u>him</u> alive on <u>8-10-59</u> Death occurred at <u>4:10 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. Stapleton</u> (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>Pleasant Hill, Mo.</u>	
22c. DATE SIGNED <u>8-14-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
23b. DATE <u>8/15/59.</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Pleasant Hill, Missouri</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Brownfield-Stanley</u> ADDRESS <u>Pleasant Hill, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-15-59</u>	
26. REGISTRAR'S SIGNATURE <u>neva minshall</u>			

E. Stapleton M/D USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 8 1959

NOV 8 1959

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 *Raymond C. Stanley*

Licensed Embalmer No. *5008*
P. O. Address *Pleasant Hill*

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.