

PURITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035453

FILED VS. OCT 22 1959

53

3010

373

STATE FILE NUMBER

MEMBERED

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 1 week	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7012 Mitchell Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Samuel Lee Sullivan Jr.			4. DATE OF DEATH Month Day Year October 7, 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/17/1930	9. AGE (last birthday) 28	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Piez Lewis Const. Co.	11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Samuel L. Sullivan Sr.		13b. MOTHER'S MAIDEN NAME Mabel Smith		14. NAME OF HUSBAND OR WIFE Maxine Buhs Sullivan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-26-9304		17. INFORMANT Address Mrs. Samuel L. Sullivan Jr. St. Louis,	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: Tri-Neptalic (knew) after Strapped stone 2) Bilateral Cystitis secondary to bilateral ureters transplant for atrophy of bladder			INTERVAL BETWEEN ONSET AND DEATH 2 wks
DUE TO (b) 2) Bilateral Cystitis			21 yrs
DUE TO (c) transplant for atrophy of bladder			29 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m. Month, Day, Year	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 9-30-1959 to 10-7-1959 and last saw him alive on 10-7-1959 Death occurred at 8:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS 119 N. Pacific Cape Girardeau Mo.	22c. DATE SIGNED 10-12-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/10/1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
24. FUNERAL DIRECTOR L. L. Haman-Cape Girardeau, Mo.	25. DATE RECD. BY LOCAL REG 10-20-1959	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 22 1959 SA

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 Howard R. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau,

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.