

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-010252**

FILED VS MAR 21 1960

STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Keytesville, Twp.</u>		Length of stay in 1b <u>4-Years</u>	c. CITY OR TOWN <del>Keytesville</del> <u>Keytesville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chariton County Rest Home</u>		Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) <u>1-Mile E. of Keytesville</u>
		Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle ----- Last <u>Sullivan</u>	4. DATE OF DEATH Month <u>March</u> Day <u>3rd</u> Year <u>1960</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-5-1882</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Invalid</u>	11. BIRTHPLACE (City and state or country) <u>Linn County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Not Known</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE -----
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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>None</u>	17. INFORMANT <u>Record, Welfare Office, Keytesville</u>	Address
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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) <u>Cerebral Hemorrhage</u>		
DUE TO (b) <u>Hypertention</u>		<u>Several years</u>
DUE TO (c) _____		
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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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 <u>29</u>	COUNTY	STATE
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21. I attended the deceased from April . 1959 to Feb. 29-60 and last saw her alive on Feb. 29-60  
Death occurred at 7:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>JL Taylor DO</u>	22b. ADDRESS <u>Brunswick MO</u>	22c. DATE SIGNED <u>3/4-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3-4-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kirkville Naturopathic School</u>	23d. LOCATION (City, town, or county) <u>Kirkville, Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>H.W. Burnett</u>	ADDRESS <u>Keytesville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-18-60</u>	26. REGISTRAR'S SIGNATURE <u>JW Hawkins</u>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student-Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed ALD. J. J. J. J. J.

Licensed Embalmer No. 3046

P. O. Address Key Town

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.