

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018369

FILED VS JUN 13 1960

 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 335

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 64 days		c. CITY OR TOWN Brookfield		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel Sate Ca. Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route #1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Ermil Middle Wayne Last Sullivan				4. DATE OF DEATH Month June Day 9 Year 1960									
5. SEX Male		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-24-1911		9. AGE (last birthday) 49		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Postal Clerk				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Chillicothe, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Wilford Sullivan				13b. MOTHER'S MAIDEN NAME Alva Cain				14. NAME OF HUSBAND OR WIFE Maxine 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 Hospital Records, Columbia, Missouri							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia -										INTERVAL BETWEEN ONSET AND DEATH 1 wk.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Undifferentiated Carcinoma of Left										5 Months			
DUE TO (c) Peri-Renal area.													
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"/> N/A		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) N/A									
20c. TIME OF INJURY Hour N/A 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 6 April 1960 to 9 June 1960 and last saw ^{her} him alive on 8 June 1960 Death occurred at 4:35 AM 9 April 1960 m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE John E. Hudson M.D. (Degree or title)						22b. ADDRESS Ellis Fischel State Cancer Hosp.			22c. DATE SIGNED 9 June 1960				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed		23b. DATE June 9 1960		23c. NAME OF CEMETERY OR CREMATORY Brookfield Mo.				23d. LOCATION (City, town, or county) (State)					
24. FUNERAL DIRECTOR Starkes Funeral Home Columbia Mo ADDRESS				25. DATE RECD. BY LOCAL REG. June 9 1960		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 29 1960

JUN 21 1960

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 J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Columbus OH

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