

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022272

FILED VS JUL 5 1960

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 84

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BATES				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BUTLER		Length of stay in 1b 16 hours		c. CITY OR TOWN Adrain		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BUTLER MEMORIAL HOSP. X				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALLEN Middle SULLIVAN Last			4. DATE OF DEATH Month June Day 20 Year 1960				
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 9/4/1919	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Propane Gas Co.		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Leonidest Sullivan		13b. MOTHER'S MAIDEN NAME Clara Snyder		14. NAME OF HUSBAND OR WIFE Ilene Sullivan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? no (no, or unknown) (If yes, give dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Ilene Sullivan Adrain, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burns 1^o 2^o 3^o involving 75% of body surface.						INTERVAL BETWEEN ONSET AND DEATH 14 hours	
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 checked="" 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.) Hot Water heater explosion					
20c. TIME OF INJURY 6:22 a.m. Jun 19, 60		20f. CITY, TOWN, OR LOCATION Adrain					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		COUNTY Bates		STATE MO.	
21. I attended the deceased from 7 P.M. 19 Jun to 8:20 AM 20 Jun and last saw her alive on 20 Jun 60 Death occurred at 8:22 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE M. A. Masor M.D.				22b. ADDRESS State Bank Bldg. Butler		22c. DATE SIGNED 21 Jun	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 22, 1960		23c. NAME OF CEMETERY OR CREMATORY Underwood Cemetery		23d. LOCATION (City, town, or county) So of Hime, Mo. (State)	
24. FUNERAL DIRECTOR Richard L. Rogers Hume, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. June 27, 60		26. REGISTRAR'S SIGNATURE Rendall Koway	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUL 7 - 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 Richard L. Royer

Licensed Embalmer No. 4953

P. O. Address Hume, D.

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.