

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003366

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 31

1. **FILED JAN 23 1962**

1. <b>PLACE OF DEATH</b> a. COUNTY <b>ST FRANCOIS</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>ST FRANCOIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BONNE TERRE MO.</b>		Length of stay in 1b	c. CITY OR TOWN <b>FARMINGTON</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BONNE TERRE HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>314 So. Lang</b>
3. <b>NAME OF DECEASED</b> (Type or print) First <b>LARRY</b> Middle <b>O'SULLIVAN</b> Last		4. <b>DATE OF DEATH</b> Month <b>JAN.</b> Day <b>17</b> Year <b>1962</b>	

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/13/83</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>STE. GENEVIEVE CO., MO. USA</b>	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME <b>JAMES O'SULLIVAN</b>	13b. MOTHER'S MAIDEN NAME <b>FARNOCIS GUITAR</b>	14. NAME OF HUSBAND OR WIFE <b>KATIE RESINGER</b>
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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) <b>NO.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>HAROLD O'SULLIVAN FARMINGTON MO.</b>	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 <b>24 hrs</b>
IMMEDIATE CAUSE (a) <b>Peritonites</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Rupture of empyema gall bladder</b>	
	DUE TO (c) <b>Chronic cholecystitis + lithiasis</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Severe Bronchitases</b>		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	COUNTY	STATE
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21. I attended the deceased from 1959 to Jan 17, 1962 and last saw him alive on Jan 17, 1962  
Death occurred at 11 # on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>R. A. Huckstep MD</b> (Degree or title)	22b. ADDRESS <b>Farmington MO</b>	22c. DATE SIGNED <b>1/18/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1/20/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NEW CALVARY</b>	23d. LOCATION (City, town, or county) <b>FARMINGTON MISSOURI</b>
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24. FUNERAL DIRECTOR <b>C.H. COZEAN FARMINGTON MO.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Jan 19, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>
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DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

FEB 15 1962

**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 \_\_\_\_\_

*C. H. Cozeman*

Licensed Embalmer No. 4084

P. O. Address Sanington

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.