

CERTIFICATE OF DEATH

68 0040440

Registration District No. 129 Primary Registration District No. 2000 Registrar's No. 1966-A

DO NOT WRITE ON THIS STUD

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. Earl Tom Sullivan			7. Male	3. 10-23-1968			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White		5a. 72	5b.	5c.	6. 1-24-1896	7a. Greene	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS SPECIFY YES OR NO	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Springfield,			7c. Yes	7d. St. Johns Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. Married		11. Rosa Maples Sullivan	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12.		13a. Salesman		13b. Grocery			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Missouri	14b. Christian	14c. Clover,		14d. YES	14e. None		
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST				
15. James C. Sullivan			16. Mary Cantrell				
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Rosa Sullivan			17b. Clover, Mo. 65631				
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18 IMMEDIATE CAUSE							
(a) Acute Myocardial Infarction						1 wk	
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Coronary Arteriosclerosis							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))						AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19. Calcific Aortic Stenosis						19a. No	19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.	20b. 6	20c. 12:00 M.	20d.				
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)					
20e.	20f.	20g.					
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
21a. I ATTENDED THE EXAMINATION OF THE BODY AND/OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	8 29 68	21b.	21c.	21d.	21e. 1:35a		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE HOUR OF DEATH			THE DECEDENT WAS PRONOUNCED DEAD				
22a.			22b. MONTH DAY YEAR HOUR				
CERTIFIER—NAME (TYPE OF PRINT)			SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
23a. Kenneth Herfkens, M.D.			23b. <i>Kenneth Herfkens</i>		23c. 11-4-68		
MAILING ADDRESS—CERTIFIER							
23d. 609 Cherry			23e. Springfield, Missouri 65806				
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN STATE			
24a. Burial	24b. Mt. Sinai Cemetery		24c. Clover, Mo.				
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24d. 10-25-1968	24e. W.B. Cantrell Clover, Mo. 65631						
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR					
25a. <i>W.B. Cantrell</i>	25b. <i>Herma Bradley</i>	25c. 1968-8-1968					

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BU

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 0
10a. 72
10b.
11. 0
12. 1
13. 4109
14.
15. 4
16.
17.
18. 0
19. CREDITS
20.

4.0397

5.

4

6.0220

A. J. J. P. 1
NOV 1 1968

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 William B. Cantrell

Licensed Embalmer No. 4830

P. O. Address Republic Mo

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.

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