

# JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

47816

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 336-443 Registrar's No. 100

**FILED MAY 10 1961**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Shannon</u> <b>DELAYED</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Birch Tree, Missouri</u> Length of stay in 1b _____ c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u> c. CITY OR TOWN <u>Birch Tree</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First <u>Charles</u> Middle <u>Elmer</u> Last <u>Sullivan</u>	<b>4. DATE OF DEATH</b> Month <u>September</u> Day <u>26</u> Year <u>1957</u>
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<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>4/18/1905</u>	<b>9. AGE</b> (last birthday) <u>52</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Hardware Merchant</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (City and state or country) <u>Birch Tree, Missouri</u> <b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Hugh Sullivan</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lida Carmichel</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Beulah Dowler Sullivan</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)   (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT</b> Address <u>Beulah Sullivan Birch Tree, Mo.</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____	INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
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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
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____
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<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE _____
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21. I attended the deceased from Sept. 1-57 to Sept 26-57 and last saw him alive on Sept 20-57  
 Death occurred at 8pm m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>M. S. Perkins M.S.</u>	<b>22b. ADDRESS</b> <u>Willow Springs Mo.</u>	<b>22c. DATE SIGNED</b> <u>9-28-57</u>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>9/29/1957</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Forest Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Birch Tree, Missouri</u>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Duncan Funeral Home Mtn. View, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>5-6-1961</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Mary Green</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 10 1961

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 Joe R. Dunca

Licensed Embalmer No. 4328

P. O. Address Intn. Sec

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.