

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43203**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5991**

FILED JAN 14 1954

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR KANSAS CITY TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR KANSAS CITY TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3108 BROOKLYN AVENUE		d. STREET ADDRESS (If rural, give location) 3108 BROOKLYN AVENUE	

3. NAME OF DECEASED (Type or Print)	a. (First) TONIA	b. (Middle)	c. (Last) SULLIVAN	4. DATE OF DEATH (Month) (Day) (Year) DEC. 18, 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH JULY 2, 1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) CRITTENTON COUNTY, KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN QUINCY MONFORT	13b. MOTHER'S MAIDEN NAME SARAH E. POSTLETHWAIT	14. NAME OF HUSBAND OR WIFE DR. HARRY H. SULLIVAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. LENA M. DEAN, ST. PETERSBURG, FLA.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 443X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Coronary Vasculopathy DUE TO (c) Diabetes		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug. 21st, 1953**, to **Dec. 18, 1953**, that I last saw the deceased alive on **Dec. 18, 1953**, and that death occurred at **2:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. R. Black	(Degree or title) D. R. Black M.D.	23b. ADDRESS 924 Professional Bldg.	23c. DATE SIGNED 12/19/53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE DEC 22 1953	24c. NAME OF CEMETERY OR CREMATORY CROWN HILL CEMETERY	24d. LOCATION (City, town, or county) (State) EXCELSIOR SPRINGS MO.
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DATE REC'D BY LOCAL REG. 12-22-53	REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer	ADDRESS 1331 BROWN CREEK KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

12.00 3:30 P.M.

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

Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City

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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 43203

State of Missouri }
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 27th. day of January, 1954 before me appears.....

Lena M. Dean

, who, upon her oath, states that the original record of ~~her~~ death

for Mrs. ~~Lena~~ ^{Lona} Monfort Sullivan died December 18, 1888, 1953, in the State of Missouri, and which was filed at Kansas City on Dec. 21, 1953, should be corrected as follows:

Item No. 8 should read July 2, 1879

Instead of July 2, 1870

Item No. 9 should read 74

Instead of 83

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

Lena M. Dean Sister
1621 - 7th St. So. Relationship.
St. Petersburg Florida
Present Address

Subscribed and sworn to before me this 27th. day of January, 1954

My Commission expires My Commission Expires April 27, 1957

W. M. Lynn Notary Public.

