

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35476**

NOV 15 1940
Registration District No. **391**

Primary Registration District No. **4230**

Registrar's No. **62**

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Walter A. Cullinane

3. (b) If veteran, name war # 3. (c) Social Security No. #

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Helen Cullinane 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 1 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 4 3 hr. _____ min.

9. Birthplace Texas
(City, town, or county) (State or foreign country)

10. Usual occupation retired

MOTHER FATHER 11. Industry or business

12. Name John R. Cullinane

18. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth O'Byrne

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Cullinane

(b) Address Ironton Mo.

17. (a) removal (b) Date thereof 10/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 27 White Ironton Mo.

19. (a) Oct-7-40 (b) Julia A. Hunter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Arcadia
(If outside city or town limit, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1940 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from
February 1 1937 to October 4 1940

that I last saw him alive on October 4 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____

Due to myocarditis

Due to _____

Other conditions myocarditis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature George W. Gay (M. D. or other) _____

Address Ironton, Mo. Date signed 10-4-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

....., Registered Apprentice No.

.....
working under my personal supervision.

Signed

Arnold J. White

Licensed Embalmer No.

3012

P. O. Address

W. ...

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, above space should be left blank.