V. S. No. 2
100M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 2 1944

Registration District No. 2 4

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25515

Primary Registration District No. 3056

Registrar's No. 157

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly 88
(If outside city or town limits, write "RURAL")

(d) Street No. 509 So Clark 6
(If rural, give location) 3

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Buford McCullough

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha McCullough

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Apl. (Month) 5th (Day) 1864 (Year)

8. AGE: Years 80 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name No data
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Sarah Andersen
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. Martha E. McCullough
(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 14th (Day) 44 (Year)
(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahaw and Son
(b) Address Moberly Mo

19. (a) 7-14-44 (Date received local registrar) (b) Irma Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1944 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 8, 1944, to July 11, 1944;
that I last saw him alive on July 11, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis resulting in gangrene of both feet with auricular fibrillation resulting in a mural thrombus causing an ebolus of right forearm

Due to necessitating amputation immediately above elbow

Due to

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

Duration

309

Major findings:
Of operations May 12, 1944 Amputation right forearm immediately above elbow
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature R. D. Streeter (M. D. or other) M. D.
Address Moberly Date signed July 13/44

103 (Licensed Embalmer's Statement on Reverse Side)

AUG 3 1944

RECEIVED
District Health Officer No. 10
District File Number 8-44-1345
Date Filed AUG 1 1944

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 Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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 this body is not embalmed, fact should be so stated above.