No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 15 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 3683

Registration District No. 341 Primary Registration District No. 3075 Registrar's No. 111

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dexter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Dexter 3
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sam McCulley
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 Widowed
6. (b) Name of husband or wife Mary E. McCulley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 2 (Day) 1858 (Year)

8. AGE: Years 89 Months 4 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) 9
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Sam McCulley
13. Birthplace Ripley, County, Tenn. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Betty Whitson
15. Birthplace (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant Mrs. Harry Bond
(b) Address Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cemetery
18. (a) Signature of funeral director Strickland-Rainey
(b) Address Dexter, Mo.
19. (a) 1-7-1948 (Date received local registrar) (b) Margaret Pruitt (Registrar's signature) 21.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1948 hour 8 minute 50 A.M.
21. I hereby certify that I attended the deceased from Jan 2-48, 19 to Jan 4 - 48, 19 ; that I last saw him alive on Jan. 4 - 48, 19 ; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral hemorrhage | 3 day |
| Due to | |
| Due to | |
| Other conditions: (Include pregnancy within 3 months of death) 838 | |
| Major findings: Of operations None | |
| Of autopsy None | |

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence None
(c) Where did injury occur? None (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 W. L. Dickerson (M. D. or other)
Address Dexter, Mo. Date signed 1/7

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-80
Date Filed 1-12-48

JAN 26 1948

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 J. E. Shuetland

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.