

FILED JAN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO: 265 PRIMARY REG. DIST. NO. 5887 Registrar's No. 2922

700

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

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before institution) a. STATE MO b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Isabella Mo - new life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Isabella - R.R.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Isabella, Mo - R.R. 1			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) - WESLEY	c. (Last) McCULLOUGH	4. DATE OF DEATH (Month) (Day) (Year) 12 19 - 48
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June - 29 - 1884	9. AGE (In years last birthday) 64 - 5 - 20	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Isabella, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ellie McCullough	13b. MOTHER'S MAIDEN NAME Rachel Henderson	14. NAME OF HUSBAND OR WIFE Ella Chism McCullough
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Clara Bellison - Pontiac, MO.	17. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  H6 B	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. 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 checked="" 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) (Min.)	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 April 4, 1946, to Dec 19, 1948, that I last saw the deceased alive on Dec 12, 1948, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE M. J. Hoerman MD (Degree or title)	23b. ADDRESS Gainesville, Mo	23c. DATE SIGNED 12-20-48
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-20-48	24c. NAME OF CEMETERY OR CREMATORY Isabella Cemetery	24d. LOCATION (City, town, or county) (State) Isabella, Missouri
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DATE REC'D BY LOCAL REG. 12-30-48	REGISTRAR'S SIGNATURE Mac Johnson 243	25. FUNERAL DIRECTOR'S SIGNATURE Clunkingbeard Funeral Gainesville, Mo	ADDRESS Home -
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RECEIVED

District Health Officer No. 6,

District File Number 149-27

Date Filed 1-5-49

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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 Arthur A. Roof

Licensed Embalmer No. 3044

P. O. Address San Francisco, Cal.

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.