

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3749

State File No. \_\_\_\_\_

FILED FEB 8 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 33 PRIMARY REG. DIST. NO. 4497 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY OR TOWN <u>Clarence</u>	c. LENGTH OF STAY (in this place) <u>4 yrs</u>	c. CITY OR TOWN <u>Clarence</u> <u>10/1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Mary Margaret b. (Middle) Thudium c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year) 1-31-1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH June 17, 1922 9. AGE (In years last birthday) 26 IF UNDER 1 YEAR Months 7 Days 14 IF UNDER 12 HRS. Hours 14 Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 10b. KIND OF BUSINESS OR INDUSTRY Same 11. BIRTHPLACE (State or foreign country) LaCross, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William McCullough 13b. MOTHER'S MAIDEN NAME Etta Jarrad 14. NAME OF HUSBAND OR WIFE Lane Thudium

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. X 17. INFORMANT'S SIGNATURE OR NAME Mrs. Etta McCullough, Clarence, Mo ADDRESS \_\_\_\_\_

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremia (with convulsive states) INTERVAL BETWEEN ONSET AND DEATH 1 month  
 ANTECEDENT CAUSES DUE TO (b) Nephrectomy 5 years  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Chronic Nephritis 6 years  
 II. OTHER SIGNIFICANT CONDITIONS Hypertension + Cerebral Hemorrhage 7 months  
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION GO'SX 20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from June 26, 1948, to Jan 31, 1949, that I last saw the deceased alive on Jan 31, 1949, and that death occurred at 8 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Paul Edgington, D.O. 23b. ADDRESS Clarence, Mo. 23c. DATE SIGNED 2-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-2-1949 24c. NAME OF CEMETERY OR CREMATORY Maplewood 24d. LOCATION (City, town, or county) (State) Clarence, Mo.

DATE REC'D BY LOCAL REG. Feb 5-1949 REGISTRAR'S SIGNATURE Ada Garrison 419 25. FUNERAL DIRECTOR'S SIGNATURE Million & Barkelew ADDRESS Clarence, Mo

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

0010

RECEIVED

District Health Officer No. 10

District File Number 2-49-255

Date Filed FEB 7 - 1949

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.

Signed \_\_\_\_\_

*W. Hawkins*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address \_\_\_\_\_

*Hilbina, Md*

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.