

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36413

State File No. _____
Registrar's No. 1219

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 31 yrs.		d. STREET ADDRESS (If rural, give location) 1017 Sylvania	
d. FULL NAME OF HOSPITAL OR INSTITUTION 634 South 7th			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Joseph	c. (Last) McCullough	4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1949
-------------------------------------	--------------------	--------------------	----------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Oct. 3, 1903	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 0 Days 3	IF UNDER 2 HRS. Hours Min.
-------------	------------------------	---	-------------------------------	------------------------------------	---------------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman	10b. KIND OF BUSINESS OR INDUSTRY salesman	11. BIRTHPLACE (State or foreign country) Clyde, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	----------------------------------

13a. FATHER'S NAME Charles E. McCullough	13b. MOTHER'S MAIDEN NAME Catherine Fitzpatrick	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Charles E. McCullough, St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Man died suddenly without		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous illness or disability 4/20/49		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION attack of acute indigestion, other than an occasional	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I ^{viewed} attended the deceased from on 11/7, 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy (Coroner)	(Degree or title)	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 11/7/49
--------------------------------------	-------------------	----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/9/1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
--	---------------------	---	--

DATE REC'D BY LOCAL REG. Nov. 12, 1949	REGISTRAR'S SIGNATURE E. G. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bauman	ADDRESS St. Joseph, Mo.
--	---	--	-------------------------

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

11
1
7

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 _____

Eugene Wood

Signed _____
Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *3145 10th St. Joseph,*

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.