

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

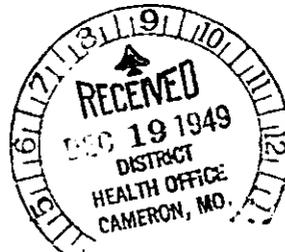
FILED JAN 3 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4159 Registrar's No. 123

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

31  
2

1. PLACE OF DEATH a. COUNTY <u>Davecess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death (institution). a. STATE <u>Mo</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pattersonburg</u>		c. LENGTH OF STAY (in this place) <u>4 weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pattersonburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cameron</u>	
		d. STREET ADDRESS (If rural, give location) <u>215 W 1st St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> (Middle) <u>Luella</u> c. (Last) <u>Mc Culley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 18 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb 27 1878</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>March 27 - 1878 MO</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>housework</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Johnathan Ireland</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Deller</u>	
14. NAME OF HUSBAND OR WIFE <u>W.D. Mc Culley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>493-18-6545</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jerome F. Mc Culley Pattersonburg Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  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. <u>Hypertension</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>	
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 attended the deceased from <u>Jan 20, 1949</u> , to <u>Dec 11, 1949</u> , that I last saw the deceased alive on <u>Dec 11, 1949</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John Stanton MD</u>		23b. ADDRESS <u>Pattersonburg MO</u>	
23c. DATE SIGNED <u>12/11/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenland Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Cameron MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Poland Funeral Home Cameron</u>	
DATE REC'D BY LOCAL REG. <u>13 Dec. 1949</u>		REGISTRAR'S SIGNATURE <u>Virginia Mangeshke</u>	



**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 \_\_\_\_\_

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4425

P. O. Address 224 W. 4th

Cameron, 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.