

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13418**

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Prairie Twp.)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Lee's Summit, Missouri)	
c. LENGTH OF STAY (in this place) 8 hr.		d. STREET ADDRESS (If rural, give location) 200 South Grand St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jackson County Hospital			

3. NAME OF DECEASED a. (First) Clara (Type or Print)			b. (Middle) -----			c. (Last) McCulley			4. DATE OF DEATH (Month) (Day) (Year) April 1 1950				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 19, 1881		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home				11. BIRTHPLACE (State or foreign country) Princeton, Missouri				12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME E. W. Norcross			13b. MOTHER'S MAIDEN NAME Sara Comes			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			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Mary Scott Lee's Summit, Missouri			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis						INTERVAL BETWEEN ONSET AND DEATH 6 to 12 hrs	
		ANTECEDENT CAUSES MORIBUND 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.						422.2	

19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			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 attended the deceased from 4-1, 1950, to 4-2, 1950, that I last saw the deceased alive on 4-1, 1950 and that death occurred at 12:00 m., from the cause and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD			23b. ADDRESS Lee's Summit, Mo			23c. DATE SIGNED 4-3-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 7, 50		24c. NAME OF CEMETERY OR CREMATORY Lee's Summit		24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri		

DATE REC'D BY LOCAL REG. 4/6/50		REGISTRAR'S SIGNATURE [Signature] 378		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Lee's Summit, Missouri	
--	--	---	--	---	--	---------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

APR 14 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

H. B. Langford

Signed.....
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, Missouri

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.