No. 300
10.48

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 16299

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 33

**1. PLACE OF DEATH**
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Springcreek Twp
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None Rt. 2 Salem, Mo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Springcreek Twp 0350
d. STREET ADDRESS (If rural, give location): Rt 2, Salem, Missouri

3. NAME OF DECEASED (Type or Print): a. (First) Samantha b. (Middle) c. (Last) McCullough
4. DATE OF DEATH (Month) (Day) (Year): 5/10/50
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/1/1861
9. AGE (In years last birthday): 88 — 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: --
11. BIRTHPLACE (State or foreign country): No record
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Henry Dunkin
13b. MOTHER'S MAIDEN NAME: Mary Nichols
14. NAME OF HUSBAND OR WIFE: Charles McCullough
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.: --
17. INFORMANT'S SIGNATURE OR NAME: Charles McCullough, Salem, Mo ADDRESS

**MEDICAL CERTIFICATION**

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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.* — 4322

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: no operation
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) m.
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* 4/2/, 1950, *to* 5/5/, 1950, *that I last saw the deceased alive on* 5/9/, 1950, *and that death occurred at* 12:40a m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. H. Hurt MD (Degree or title)
23b. ADDRESS: Salem. Mo.
23c. DATE SIGNED: 5/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/12/50
24c. NAME OF CEMETERY OR CREMATORY: Cedar Grove Cem
24d. LOCATION (City, town, or county) (State): Salem, Missouri

DATE REC'D BY LOCAL REG.: 5-15-50
REGISTRAR'S SIGNATURE: M M Hart M.D by Geo
25. FUNERAL DIRECTOR'S SIGNATURE: Carl K. Spencer ADDRESS: Salem, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-22-50
District Health Officer No. 5,
District File Number 550314
Date Filed 5-25-50

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 Wm. W. McClenac

Licensed Embalmer No. 3806

P. O. Address Salem, Or

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.