

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37614

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. LENGTH OF STAY (In this place) <u>68 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		10551	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>So. Jefferson St.</u>				d. STREET ADDRESS (If rural, give location) <u>So. Jefferson St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Delta</u> b. (Middle) <u>---</u> c. (Last) <u>McCullough</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1950</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>Jan. 18, 1878</u>	
9. AGE (In years last birthday) <u>72</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W. W. Cline</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Brite</u>			14. NAME OF HUSBAND OR WIFE <u>William A. McCullough</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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene McCullough</u> ADDRESS <u>Aurora, 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>Thrombosis of Rt Femoral Artery</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chronic Myocarditis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11-2-2</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
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) (Min.)		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>1935</u> to <u>11-20, 1950</u> , that I last saw the deceased alive on <u>11-18, 1950</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Aurora, Mo</u>		23c. DATE SIGNED <u>11/21/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 22</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov 21, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Wood</u> ADDRESS <u>Aurora, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 6 1950

Dist. File 1250-2432

Date Filed 12-6-50

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 James D. Crafton

Licensed Embalmer No. 4668

P. O. Address Surara, Miss

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.