

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1547

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 14		REGISTRAR'S NO. 14	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. LENGTH OF STAY (If this place) 2 WKS		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		d. STREET ADDRESS (If rural, give location) 1817 Picher	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital				4. DATE OF DEATH (Month) (Day) (Year) January 12, 1951			
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA		b. (Middle) C.		c. (Last) McCULLAH		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH February 18, 1868		9. AGE (In years) (last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Isac N. McKinley		13b. MOTHER'S MAIDEN NAME Malinoa Stewart		14. NAME OF HUSBAND OR WIFE John C. McCullah			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Efton C. McCullah Salem, Ill.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive disease</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Chronic</u> <u>Several yrs</u> <u>44 3x</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 Jan 1950, to Jan 1951, that I last saw the deceased alive on Jan 12, 1951, and that death occurred at 11:30 Am., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Keen, M.D.</u>				23b. ADDRESS <u>2530 1/2 Main St Joplin Mo</u>		23c. DATE SIGNED <u>1-13-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-14-51		24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		24d. LOCATION (City, town, or county) (State) Marionville, Missouri	
DATE REC'D BY LOCAL REG. Jan 13-51		REGISTRAR'S SIGNATURE <u>G. L. Ditzel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marsh Funeral Home Aurora, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-16-51
Jasper County Health Office

County File Number 51-1-11
Date Filed 1-16-51

APR 20 1951

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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 Leonard J. Lewis Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4561

P. O. Address Wibb City, 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.