

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3660

State File No.

0013
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BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kirksville b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim Smith Hospital		d. STREET ADDRESS (If rural, give location) Kirksville	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Mable	b. (Middle)	c. (Last) McCully	(Month) Feb.	(Day) 8	(Year) 51

5. SEX FEMALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 9,21.1890	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days 4 17	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES LADY	10b. KIND OF BUSINESS OR INDUSTRY DRY GOODS	11. BIRTHPLACE (State or foreign country) Knox County, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME F, M. McCully	13b. MOTHER'S MAIDEN NAME Fannie Rihhart	14. NAME OF HUSBAND OR WIFE never married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Christine McCully, Kirksville, Mo	ADDRESS Kirksville, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 48 hrs 6 mo 157X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure (infarct)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of head of pancreas DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Nov 4, 1950	19b. MAJOR FINDINGS OF OPERATION Carcinoma head of pancreas obstructing common duct	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 16, 1950, to Oct 16, 1951, that I last saw the deceased alive on 7th day, 1951, and that death occurred at 2:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE George E. Grim	(Degree or title) MD	23b. ADDRESS Kirksville, Missouri	23c. DATE SIGNED 2/10/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 11, 51	24c. NAME OF CEMETERY OR CREMATORY Highland Park	24d. LOCATION (City, town, or county) (State) Kirksville, Mo Mo
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DATE REC'D BY LOCAL REG. 2-10-51	REGISTRAR'S SIGNATURE Wate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home	ADDRESS Kirksville, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 4 1951

Date Received: FEB 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-57-4
Date Filed: FEB 19 1951

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 Donald L Roberts

Signed.....
Student Embalmer

Licensed Embalmer No. 4722

P. O. Address Fishersville, 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.