

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 86551
543

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>	
c. LENGTH OF STAY (in this place) <u>2 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>6632 TRACY AVENUE</u>		<u>3078</u> <u>208</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>6632 TRACY AVENUE</u>			
3. NAME OF DECEASED		a. (First) <u>LINDA</u>		b. (Middle) <u>SUSAN</u>		c. (Last) <u>MCCULLY</u>	
(Type or Print)		4. DATE OF DEATH		(Month) <u>FEBRUARY</u>		(Day) <u>3</u>	
(Year) <u>1951</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
<u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>AUGUST-16-1948</u>		9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>IVAN MCCULLY</u>		13b. MOTHER'S MAIDEN NAME <u>PATRICIA SKIDMORE</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>IVONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>IVAN MCCULLY</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				ADDRESS <u>6632 TRACY AVE. KANSAS CITY MISSOURI</u>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cardiac failure, acute</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>hypertension with</u>					
		DUE TO (c) <u>acute cardiac insufficiency</u>					
		II. OTHER SIGNIFICANT CONDITIONS				<u>422</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Feb 3</u> , 1951, to <u>Feb 3</u> , 1951, that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>Feb 3</u> , 1951, and that death occurred at <u>8:45A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. D. Hooper, M.D.</u> (Degree or title)				23b. ADDRESS <u>6232 Troost K.C. Mo</u>		23c. DATE SIGNED <u>Feb 3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-5-51</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomer</u>		ADDRESS <u>391 BRUSH CREEK KANSAS CITY MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5-5:30 P.M.
for your fair reference

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 _____

Robert Ray

Licensed Embalmer No. *4182*

P. O. Address *Kan 30307*

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.