

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19385

0070

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

BIRTH NO. _____		REG. DIST. NO. <u>25</u>		PRIMARY REG. DIST. NO. <u>4036</u>		Registrar's No. <u>1951</u>		
1. PLACE OF DEATH a. COUNTY <u>BATES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>				
b. CITY OR TOWN <u>RICH HILL</u>		c. LENGTH OF STAY (In this place) <u>17 YRS.</u>		c. CITY OR TOWN <u>RICH HILL</u>		0070		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1ST & POPULAR</u>				d. STREET ADDRESS (If rural, give location) <u>1ST & POPULAR</u>				
3. NAME OF DECEASED (Type or Print) <u>DELBERT EARL M. CULLOUGH</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH <u>JUNE-17-1951</u>			(Month) (Day) (Year)		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG-20-1894</u>		
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>9</u>		11. DAYS <u>20</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>COAL</u>			11. BIRTHPLACE (State or foreign country) <u>METZ, MISSOURI</u>		
13a. FATHER'S NAME <u>JOHN M. CULLOUGH</u>			13b. MOTHER'S MAIDEN NAME <u>MINNIE STRAIT</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>NONE</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Ray M. Cullough - Rich Hill, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Myocardialis (Coronary Arteriosclerosis)</u>			ANTECEDENT CAUSES					
Morbidity 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.					
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)			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>June 15, 1951</u> , to <u>June 17, 1951</u> , that I last saw the deceased alive on <u>June 15, 1951</u> , and that death occurred at <u>11:20 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Ray M. Cullough</u>				(Degree or title)		23b. ADDRESS		
23c. DATE SIGNED <u>June 19 1951</u>		24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE-19-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SALEM CEMETERY</u>		
24d. LOCATION (City, town, or county) (State) <u>FOSTER, MISSOURI</u>		DATE REC'D BY LOCAL REG. <u>6-19-1951</u>		REGISTRAR'S SIGNATURE <u>Miss Edna Douglas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home - Rich Hill Mo.</u>		
ADDRESS								

RECEIVED 6-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-21-51

JUL 7 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.....
Student Embalmer

Signed *Robert G. Steinbeck*

Licensed Embalmer No. *4657*

P. O. Address *Butler, 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.