

FILED AUG 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23793

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5806 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural (Southfork Twp)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ruarl (Southfork Township)</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Perry, Mo. R.F.D. 0690</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perry, Mo. R.F.D.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>D.</b> b. (Middle) <b>M.</b> c. (Last) <b>McCutchan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July, 20, 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March, 4, 1868</b>		9. AGE (in years last birthday) <b>83</b>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) <b>4 16</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Monroe Co, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>James N. McCutchan</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Hanna</b>		14. NAME OF HUSBAND OR WIFE <b>Ida McCutchan</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Ida McCutchan Perry, Mo.</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pernicous Anemia</b> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b> <b>7 years</b>	
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 <b>2900</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 June 15, 1951, to July 20, 1951, that I last saw the deceased alive on July 23, 1951, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Barnett</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Perry, Missouri.</b>		23c. DATE SIGNED <b>7-21-51</b>	
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24a. BURIAL-CREMA-TION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-22-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Southfork Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Monroe Co, Missouri.</b>	
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DATE REC'D BY LOCAL REG. <b>7-26-51</b>		REGISTRAR'S SIGNATURE <b>J. A. Barnett, M.D.</b>		GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clyde S. Wilbey Perry, Missouri</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JUL 30 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 8-57-136  
Date Filed: AUG 2 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 Clyde Wilkey

Licensed Embalmer No. 382

P. O. Address Larry, 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.