

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32958**

NOV 5 1951

BIRTH NO. _____		REG. DIST. NO. 72		PRIMARY REG. DIST. NO. 1287		Registrar's No. 78	
1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CLAY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gashland		c. LENGTH OF STAY (In this place) 38 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gashland		d. STREET ADDRESS (If rural, give location) RT-1	
d. FULL NAME OF HOSPITAL OR INSTITUTION RT-1				3. NAME OF DECEASED a. (First) INDIA b. (Middle) ANN c. (Last) McCulloch			
4. DATE OF DEATH (Month) (Day) (Year) OCT 18 1951		5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH SEPT 19, 1859		9. AGE (In years last birthday) 92		IF UNDER 1 YEAR: YEAR _____ MONTHS _____ DAYS _____		IF UNDER 6 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Paradise, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jim Walker		13b. MOTHER'S MAIDEN NAME Julia Switor		14. NAME OF HUSBAND OR WIFE A J. McCulloch			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. G.A. Richards Gashland, Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decomposed Heart ANTECEDENT CAUSES Morbid 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. Diabetes				INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		260X	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July , 19 50 , to Oct. 18, 1951 , that I last saw the deceased alive on Oct. 10, 1951 , and that death occurred at 12:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE W. J. Johnson M.D.				23b. ADDRESS Gashland Mo		23c. DATE SIGNED 10/19/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-20-51		24c. NAME OF CEMETERY OR CREMATORY BARRY Cem		24d. LOCATION (City, town, or county) (State) BARRY, MISSOURI	
DATE REC'D BY LOCAL REG. 10-20-51		REGISTRAR'S SIGNATURE Boulak Wilckens		25. FUNERAL DIRECTOR'S SIGNATURE NEWCOMER'S NORTH KANSAS CITY		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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. ~~4848~~

Signed

John V. Henrich, Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4848

P. O. Address 832 Amos Rd. N.

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.