

STANDARD CERTIFICATE OF DEATH

38115

State File No.

FILED DEC 6 1951

BIRTH NO.

REG. DIST. NO. 209

PRIMARY REG. DIST. NO. 3043

Registrar's No.

363

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
c. LENGTH OF STAY (In this place)		0644	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth		d. STREET ADDRESS (If rural, give location) 1601 Boker St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Robert Lee	b. (Middle) M c	c. (Last) Cullough	4. DATE OF DEATH (Month) (Day) (Year) 11 19 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 2	IF UNDER 1 WEEK Days 17	IF UNDER 1 HOUR Hours 17	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Louisville Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George McCullough	13b. MOTHER'S MAIDEN NAME Elizabeth Rouse	14. NAME OF HUSBAND OR WIFE Maude McCullough
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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)	16. SOCIAL SECURITY NO. 490-07-6848	17. INFORMANT'S SIGNATURE OR NAME Mrs Maude McCullough	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days 5 years?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis left		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis 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 332X	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)
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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?
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22. I hereby certify that I attended the deceased from 9-29-51, 19___, to 11-19-51, 19___, that I last saw the deceased alive on 11-19-51, 19___, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. L. Brown	(Degree or title) 0	23b. ADDRESS M. D. 100 N. Sixth, Hannibal, Mo.	23c. DATE SIGNED 11-21-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-21-51	24c. NAME OF CEMETERY OR CREMATORY M. D. Olivet	24d. LOCATION (City, town, or county) (State) Hannibal, Mo.
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DATE REC'D BY LOCAL REG. 11/26/51	REGISTRAR'S SIGNATURE D. E. M. Lucke	189	FUNERAL DIRECTOR'S SIGNATURE H. L. Brown	ADDRESS Hannibal, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 28 1951

MISSOURI STATE HEALTH DEPT.

DATE FILED DEC 4 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John S. Grand

Licensed Embalmer No. 4540

P. O. Address. Hannibal, 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 licensé.)

If this body is not embalmed, fact should be so stated above.