

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2414

2414

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6023 Registrar's No. 5

890

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

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural-Knoxville</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Knoxville</b>	
c. LENGTH OF STAY (in this place) <b>60 years</b>		d. STREET ADDRESS (If rural, give location) <b>4 miles E. Knoxville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 miles E. Knoxville</b>		d. STREET ADDRESS (If rural, give location) <b>4 miles E. Knoxville</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b> b. (Middle) <b>Ellen</b> c. (Last) <b>McCullough</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 27, 1952</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 21, 1867</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 24 HRS. Hours <b>6</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	11. BIRTHPLACE (State or foreign country) <b>Danville, Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jesse T. Roberts</b>	13b. MOTHER'S MAIDEN NAME <b>Mary C. Wylie</b>	14. NAME OF HUSBAND OR WIFE <b>Robert McCullough</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Carl McCullough, Richmond, Missouri</b>	ADDRESS <b>Richmond, Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Arteriosclerosis</b>		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <b>334X</b> YES <input type="checkbox"/> NO <input 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) _____	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 **1-13, 1947** to **1-27, 1952**, that I last saw the deceased alive on **1-26, 1952**, and that death occurred at **7:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>Raymond Krove</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>P.O. Box 22, Richmond, Missouri</b>	23c. DATE SIGNED <b>1-29-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>January 29, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kincaid</b>	24d. LOCATION (City, town, or county) (State) <b>Ray County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Feb 5 1952</b>	REGISTRAR'S SIGNATURE <b>Mrs. Raymond Krove</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Quest-Life Funeral Home</b> ADDRESS <b>Richmond, Missouri</b>
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FEB 8 1933

**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 *George H. Tice*

Licensed Embalmer No. 4066

P. O. Address *Richmond, 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.