

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20142

State File No.

45866

FILED JUL 7 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 646

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived.. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene 0301</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>2 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>924 N. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Wilson Rest Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>IDA</u>	b. (Middle) <u>M.</u>	c. (Last) <u>McCULLAGH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 17, 1865</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Pittsburg, Pa.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>James Bennett</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah</u>	14. NAME OF HUSBAND OR WIFE <u>William McCullagh</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Cummings</u> ADDRESS <u>Springfield, Mo.</u>
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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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Disease</u>		DUE TO (b) <u>General deficiency & anemia 8 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Senility</u>		
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"/>
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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 6-28, 1952, to 6-30, 1952, that I last saw the deceased alive on 6-30, 1952, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Feller M.D.</u>	23b. ADDRESS <u>609 Cherry Springfield</u>	23c. DATE SIGNED <u>7-2-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 2, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Homewood</u>	24d. LOCATION (City, town, or county) (State) <u>Pittsburg, Pa.</u>
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DATE REC'D BY LOCAL REG. <u>7-2-52</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oliver Johnson</u> ADDRESS <u>Springfield</u>
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Dr. Felle
Pro. Bl

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

James W. Wair

Licensed Embalmer No. *4650*

P. O. Address *Springfield, 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.