No. 300
10.48

FILED OCT 7 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31005

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 141

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville
c. LENGTH OF STAY (in this place) 4½ Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Garden City - Rural 0190
d. STREET ADDRESS (If rural, give location) 5 Miles South - Dayton Twp.

3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) Roswell c. (Last) McCulloh

4. DATE OF DEATH (Month) (Day) (Year) Sept. 26 - 52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, ~~NEVER MARRIED~~, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 31 - 1895
9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Creighton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James H. McCulloh
13b. MOTHER'S MAIDEN NAME Annie E. Hewson
14. NAME OF HUSBAND OR WIFE Blanche McCulloh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NO
17. INFORMANT'S SIGNATURE OR NAME Mrs. Blanche McCulloh ADDRESS Garden City, 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) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture RD Femur — 4 Sept 52
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 019
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Sept 1952 *to* 26 Sept 1952 *that I last saw the deceased alive on* 26 Sept, 1952, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Leolum Ellis Tue (Degree or title)
23b. ADDRESS Garden City Mo
23c. DATE SIGNED 9/27/52

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial X
24b. DATE Sept. 28-52
24c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery
24d. LOCATION (City, town, or county) (State) Garden City, Missouri

DATE REC'D BY LOCAL REG. Sept 28, 1952
REGISTRAR'S SIGNATURE Dora Barnard 457-10
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkinson & Pickey Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 14
CASS COUNTY
HEALTH DEPARTMENT

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 Billy Jr. Lickey

Licensed Embalmer No. 4685

P. O. Address Garden City, 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.