

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2526

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Sherrel</u> '070	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Phelps Co. Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 Mi NW of Licking Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>A</u> c. (Last) <u>McCulloch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4, 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept 25, 1891</u>
9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>61</u>	<u>Farming</u>	<u>Toledo Iowa</u>	<u>USA</u>
13. FATHER'S NAME <u>John Lewis McCulloch</u>		14. MOTHER'S MAIDEN NAME <u>Charlotte M. McCulloch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)		16. SOCIAL SECURITY NO.	
<u>No</u>		<u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Avis McCulloch</u>		ADDRESS <u>Licking Mo</u>	
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
<u>Cerebral Thrombosis</u>			
ANCEPIDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		yrs?	
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 <u>332x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1:21</u> , 19 <u>53</u> , to <u>Feb 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 3</u> , 1953, and that death occurred at <u>2:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Avis McCulloch</u>		23b. ADDRESS <u>Rolla Mo</u>	
23c. DATE SIGNED <u>2/6/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb 5, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Tulsa Okla</u>	
DATE REC'D BY LOCAL REG <u>Feb 5, 1953</u>		25. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	
25. FEDERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Ferguson</u>		ADDRESS <u>Licking Mo</u>	

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

FEB 18 1955

**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 *Robert E. Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Living No*

**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.