

STANDARD CERTIFICATE OF DEATH

State File No. **30970**

FILED OCT 5 1953

BIRTH NO. 58462 REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Cassville		c. CITY (If outside corporate limits, write RURAL and give township) Monett <u>0051</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		d. STREET ADDRESS (If rural, give location) 516 Central <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY b. (Middle) JEAN c. (Last) MC CULLOUGH			4. DATE OF DEATH (Month) (Day) (Year) 9-15-1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH 9-15-1953		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months Days Hours Min. 0 0 0 2 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="radio"/> Cassville, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Howard P. McCullough		13b. MOTHER'S MAIDEN NAME Dorothy Imojene Ennis	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME H. P. McCullough-Monett, Missouri		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 18. CAUSE OF DEATH		19. INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.	

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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 18. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (4 1/2 - 5 mos.)		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 770X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Sept. 15, 1952, to Sept. 15, 1953, that I last saw the deceased alive on Sept. 15, 1953, and that death occurred at 10:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE Mary Newman, M.D.		(Degree or title)		23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED 9-15-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-16-1953		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Barry County, Missouri	

DATE REC'D BY LOCAL REG. 10-3-1953		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Monett Mo	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0050

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 *J. P. Buchanan*.....

Licensed Embalmer No. 3149.....

P. O. Address *W. M. M.*.....

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.