

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

33647
9412

State File No. _____
Registrar's No. _____

FILED OCT 15 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 9412			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Adams							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Quincy		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				e. STREET ADDRESS (If rural, give location) 313 York St.							
3. NAME OF DECEASED (Type or Print) a. (First) Orrison			b. (Middle) Clifford.			c. (Last) McCullough			4. DATE OF DEATH (Month) (Day) (Year) Sept 28, 1953.		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 14, 1889.		9. AGE (In years last birthday) 63.		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) Advertising				10b. KIND OF BUSINESS OR INDUSTRY Herald-Whig.		11. BIRTHPLACE (City and State or Foreign Country) Kirkwood Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John P. McCullough.				13b. MOTHER'S MAIDEN NAME Mae Fuller.			14. NAME OF HUSBAND OR WIFE Emolene McCullough.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #1				16. SOCIAL SECURITY NO. 327-05-2203.		17. INFORMANT'S SIGNATURE OR NAME Emolene McCullough. ADDRESS Quincy, Ill.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma								6 mos	
		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. Myocardial Infarct (old)								?	
19a. DATE OF OPERATION 9/22/53		19b. MAJOR FINDINGS OF OPERATION Bronchoscopy - Ca. in rt. Bronchus								20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 162X						
22. I hereby certify that I attended the deceased from 9/17, 1953 to 9/28, 1953 that I last saw the deceased alive on 9/27, 1953 and that death occurred at 12:55 A.M. , from the causes and on the date stated above.											
23a. SIGNATURE W. L. Colley (Degree or title) MD					23b. ADDRESS St. Louis, Mo. 5720 Washington			23c. DATE SIGNED 9/29/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-29-53		24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery.			24d. LOCATION (City, town, or county) (State) Quincy Illinois.				
DATE REC'D BY LOCAL REG. SEP 30 1953		REGISTRAR'S SIGNATURE Paul Smith			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington.						

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

FEB 1 1954

OCT 16 1953

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *274*

P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.