

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **35973**

FILED NOV 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1001</u>	Registrar's No. <u>4872</u>
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution; residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Pawnee</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Pawnee</u> <u>2350 J</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) _____		
<b>3. NAME OF DECEASED</b> a. (First) <u>James</u>		b. (Middle) <u>E.</u>	c. (Last) <u>McCullough</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>10 10 53</u>
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>Never Married</u>	<b>8. DATE OF BIRTH</b> <u>11-7-1948</u>	<b>9. AGE</b> (In years last birthday) <u>4</u> If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Pawnee, Oklahoma</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>Clarence E. McCullough</u>		
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ila Wilson</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>C.E. McCullough</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <u>Child Cerebral Anoxia</u> <b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Cardiac Arrest</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of forearm</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>9020</u>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Open reduction of fracture</u>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE OR HOMICIDE</b> <u>Accident</u>	<b>21b. PLACE OF INJURY</b> (a. If at home, farm, factory, street, office bldg., etc.) <u>home</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Kansas city Jackson, mo.</u>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>10-4-53</u>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Fell from swing</u>		
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> <u>Russell W. Koff</u>		<b>23b. ADDRESS</b> <u>St Josephs Hospital</u>	<b>23c. DATE SIGNED</b> <u>10 Oct 53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL, (Specify)</b> <u>Removal</u>	<b>24b. DATE</b> <u>10-11-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>_____</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Pawnee OKLA.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>10-10-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Melody-McGilley-Eylar</u>	
		<b>ADDRESS</b> <u>KCMO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACKINK—MAKE A PERMANENT RECORD

*Will be embalmed  
by  
Glen E. Heck*

**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 *Glen E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.