

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8793**

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1196**

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 15 YEARS	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 MEMORAH MEDICAL CENTER		e. STREET ADDRESS (If rural, give location) 3946 WYANDOTTE 3688	
3. NAME OF DECEASED (Type or Print) a. (First) O. b. (Middle) W. c. (Last) McCully		4. DATE OF DEATH (Month) (Day) (Year) 3 15 54	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 11, 1912
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE, KISSICK CONSTRUCTION CO.		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 41 If UNDER 1 YEAR Months Days If UNDER 4 WKS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) DAVIS CITY, IOWA 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN McCULLY		13b. MOTHER'S MAIDEN NAME NELLIE BEASLEY	
14. NAME OF HUSBAND OR WIFE BETTY McCULLY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR II	
16. SOCIAL SECURITY NO. 510-01-7531		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Betty McCully, 3946 WYANDOTTE, K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction (Posterior Wall) INTERVAL BETWEEN ONSET AND DEATH 3 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ac. thrombosis - rt. coronary artery DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Chr. Hc., lungs, upper lobes, apical, hilch. Portal cirrhosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		4201A	
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 March 15, 1954 , to March 15, 1954 , that I last saw the deceased alive on March 15, 1954 , and that death occurred at 11:45 am , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. J. Twin E. J. Twin, MD		23b. ADDRESS Angela Bldg.	
23c. DATE SIGNED March 15, 1954			
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 18, 1954	
24c. NAME OF CEMETERY OR CREMATORIA FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 3-17-54		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer		ADDRESS Sons, Kansas City, Mo.	

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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 *Charles W. Beaman*

Licensed Embalmer No. *4932*

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