

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12461**

FILED APR 26 1954

BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **3030** Registrar's No. **27**

509

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Festus		c. LENGTH OF STAY (In this place) 6 Yrs.	d. CITY OR TOWN Festus
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 Frisco St.		e. STREET ADDRESS (If rural, give location) 8 Frisco St.	
3. NAME OF DECEASED (Type or Print) a. (First) Claude b. (Middle) Nelson c. (Last) McCulloch		4. DATE OF DEATH (Month) 4 (Day) 12 (Year) 54	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 23-1896
9. AGE (In years last birthday) 57 Yrs.		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) Lead worker		10b. KIND OF BUSINESS OR INDUSTRY St. Joe Lead	11. BIRTHPLACE (City and State or Foreign Country) Morse Mill Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Columbus McCulloch	
13b. MOTHER'S MAIDEN NAME Anna Douglas		14. NAME OF HUSBAND OR WIFE Effie McCulloch	
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. 495-22-1801	17. INFORMANT'S SIGNATURE OR NAME Mrs. Effie McCulloch
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) Coronary Heart Disease INTERVAL BETWEEN ONSET AND DEATH 5 mo. ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 4201	
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 11-17 , 19 53 , to 4-12 , 19 54 , that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00A m., from the causes and on the date stated above.			
23a. SIGNATURE R. D. Demuth, M.D.		23b. ADDRESS Crystal City, Mo.	
23c. DATE SIGNED 4-13-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-54	
24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) DeSoto Mo.	
DATE REC'D BY LOCAL REG. 4/13/54		REGISTRAR'S SIGNATURE John N. Stoll	
5. FUNERAL DIRECTOR'S SIGNATURE John W. Moehrshead		ADDRESS DeSoto Mo.	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

MAY 13 1954

DATE RECEIVED APR 22 1954

SEP 14 1953

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 *J. H. Mothershead*

Licensed Embalmer No. 35

P. O. Address *Desoto*

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.