

36210

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 5 - 1954

No. 300  
10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 1535

1003  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>Canalou</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 Hours</u>		e. STREET ADDRESS (If rural, give location) <u>—</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Floretta</u>	b. (Middle) <u>----</u>	c. (Last) <u>McCulley</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>10 15 1954</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-22-1930</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Eara Pierce</u>	13b. MOTHER'S MAIDEN NAME <u>Zinda Phillips</u>	14. NAME OF HUSBAND OR WIFE <u>Eugene McCulley</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes, give war or dates of service) <input type="checkbox"/>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Eugene McCulley, Canalou, Mo.</u>
--	----------------------------------	--

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
	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. <u>multiple rib fractures, rt side</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Auto</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>100</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 - 15 - 54</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car accident</u>
--	---	--

22. I hereby certify that I attended the deceased from 10-15, 1954, to 10-15, 1954, that I last saw the deceased alive on 10-15, 1954, and that death occurred at 11:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. Critchlow M.D.</u>	23b. ADDRESS <u>Sikeston, Missouri</u>	23c. DATE SIGNED <u>10-15-54</u>
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 19, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garden of Memory</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG <u>Oct 30-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Orville Taylor Sikeston, Mo.</u>
--	---	--

DATE RECEIVED NOV 1 1954  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 154.220

SEP 1 4 1962

---

---

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 Thomas L. Roberts .....

Licensed Embalmer No. 4886 .....

P. O. Address New Market .....

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.