

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11148**

FILED APR 28 1955

BIRTH NO. 12923-55 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>	c. CITY OR TOWN <b>Poplar Bluff</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>			f. STREET ADDRESS (If rural, give location) <b>Rte. 2</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>MICHAEL</b> b. (Middle) <b>STEVEN</b> c. (Last) <b>McCULLUM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 15 1955</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>March 12, 1955</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HRS. Days <b>3</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 24 HRS. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Poplar Bluff, Missouri</b>		12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Clifford McCullum</b>		13b. MOTHER'S MAIDEN NAME <b>Cona Hobbs</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clifford McCullum, Poplar Bluff, Mo.</b>		ADDRESS	
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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					INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal obstruction</b>					
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congenital Bands</b> DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5705</b>						

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Congenital Bands around Small Intestine</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4-12, 1955, to 4-15, 1955, that I last saw the deceased alive on 4-15, 1955, and that death occurred at 6 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. M. ...</b>		23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>4-20-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 18, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lloyd Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Holcomb, Mo. R.1</b>	
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DATE REC'D BY LOCAL REG. <b>4/21/55</b>		REGISTRAR'S SIGNATURE <b>G. D. Minette</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Landess Funeral Home, Campbell, Mo.</b>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED  
APR 25 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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 \_\_\_\_\_  
*W. H. Embalmer*  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.