

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 9 1955

State File No. **11447**

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5390</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u> <u>0330</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> <u>0330</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springcreek typ</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>		c. CITY OR TOWN <u>Salem</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>				e. STREET ADDRESS (If rural, give location) <u>Springcreek typ</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>Wilson</u>		c. (Last) <u>McCullough</u>	
4. DATE OF DEATH		(Month) <u>24</u>		(Day) <u>27</u>		(Year) <u>55</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 12 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry Co Ala</u> /		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Thos H McCullough</u>			13b. MOTHER'S MAIDEN NAME <u>SaFrancis Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Samantha Dunkin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Percy McCullough</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Senile generalized arteriosclerosis, hypertension</u> DUE TO (c) <u>Fracture neck of Rt. Femur</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture neck of Rt. Femur</u>				INTERVAL BETWEEN ONSET AND DEATH <u>112 hours</u> <u>18 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Open reduction - Hip pinned 4/13/55</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Home shot thru</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salem Dent Mo</u>		21d. HOW AND INJURY OCCUR? <u>Tapped and fell. 4201</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>apm 9 1955</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>4/19/1955</u> to <u>4/29/1955</u> , that I last saw the deceased alive on <u>4/26/1955</u> , and that death occurred at <u>8:20 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>L.H. Hunt M.D.</u>		23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>4/29/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-29-55</u>		REGISTRAR'S SIGNATURE <u>R.E. Mitchell M.D. Wynne</u>		515		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl H. Jensen</u>	
						ADDRESS <u>Palmyra Mo</u>	

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

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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 *Carl W. Spurr*.....

Licensed Embalmer No. *237*.....

P. O. Address *Salem, N.H.*.....

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.