

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12400

State File No. ....

FILED APR 11 1955

No. 300  
10.48

502

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DeSoto</u> <span style="float: right;">0500</span>	
c. LENGTH OF STAY (In this place) <u>25 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>700 E. Pratt St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 E. Pratt St.</u>		d. STREET ADDRESS <u>700 E. Pratt St.</u>	
3. NAME OF DECEASED a. (First) <u>Albert</u> b. (Middle) <u>William</u> c. (Last) <u>Mc Culloch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 6, 1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 22, 1892</u>
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>        </u> Days <u>        </u>	IF UNDER 1 HR. Hours <u>        </u> Min. <u>        </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Agency</u>	11. BIRTHPLACE (State or foreign country) <u>Morse Mill, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Firman McCulloch</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Nora Coleman McCulloch</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nora McCulloch</u> ADDRESS <u>DeSoto, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES (b) <u>Arterial Sclerosis</u> DUE TO (c) <u>        </u> Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (c) <u>        </u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>	
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) (Min.)	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 <u>3-15, 1954</u> , to <u>4-6, 1955</u> , that I last saw the deceased alive on <u>4-1, 1955</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. J. J. J. J.</u> (Degree or title)		23b. ADDRESS <u>De Soto, Mo.</u>	23c. DATE SIGNED <u>4-7-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/9/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>DeSoto, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-8-55</u>	REGISTRAR'S SIGNATURE <u>Marie J. J. J.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Mothershead</u> ADDRESS <u>DeSoto, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

4/18/55; eb

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

APR 9 1955

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 .....  
Student Embalmer

Signed Andrew H England

Licensed Embalmer No. 47945

P. O. Address De Soto 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 this body is not embalmed, fact should be so stated above.