

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1940s

State File No. ....

610  
1.

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5721 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao Twnp.</u>		c. CITY OR TOWN	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		e. STREET ADDRESS (If rural, give location) <u>R Callao Twnp.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Mary</u>	b. (Middle) <u>Margaret</u>	c. (Last) <u>McCullough</u>	<u>June 6, 1955</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>Nov. 16, 1867</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Wayne Marks</u>	13b. MOTHER'S MAIDEN NAME <u>Salina McCoy</u>	14. NAME OF HUSBAND OR WIFE <u>James W. McCullough</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>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gladys Rhoads, Callao, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBROVASCULAR THROMBOSIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL ARTERIO-SCLEROSIS</u> DUE TO (c) <u>Generalized Arteriosclerosis</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 <u>332X</u>	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 July, 1952, to 6/5, 1955, that I last saw the deceased alive on 6/5, 1955, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Laura C. Campbell, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Macon, Mo.</u>	23c. DATE SIGNED <u>6/10/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/9/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Macon County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7/2/55</u>	REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Lester</u>	ADDRESS <u>Macon, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7. 6. 55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7-55-105  
Date Filed 7. 11. 55

NOV 23 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.....  
Signature of Student Embalmer

Signed *R. Lester Bram*.....

Licensed Embalmer No. 447

P. O. Address *Macon, Ga.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.