

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32081**

FILED NOV 2 1955

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. **3000** Registrar's No. **313**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novinger	
c. LENGTH OF STAY (in this place) 1 da		d. STREET ADDRESS (If rural, give location) Novinger	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.O.H.			

3. NAME OF DECEASED (Type or Print) a. (First) Pamela	b. (Middle) Kay	c. (Last) Cuculich	4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1955
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 26, 1951	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 3 Days	IF UNDER 24 HRS. Hours 3 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and State or Foreign Country) Kirksville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Tony Cuculich	13b. MOTHER'S MAIDEN NAME Frances Jane Hanlin	14. NAME OF HUSBAND OR WIFE X
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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) None	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Cuculich, Novinger, Mo.	ADDRESS Mo.
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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, ashenia, 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) Overwhelming Toxemia		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritonitis - Perforated gangrenous appendicitis 4 days DUE TO (c) and Bowel Obstruction		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5501

19a. DATE OF OPERATION 10-23-55	19b. MAJOR FINDINGS OF OPERATION b. Gen. Peritonitis - Perf. gang appendicitis - obstruction small bowel	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., home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 **Oct 23, 1955** to **Oct 23, 1955**, that I last saw the deceased alive on **Oct 23, 1955**, and that death occurred at **6:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Paul R. Hooper M.D.	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 10/26/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/26/55	24c. NAME OF CEMETERY OR CREMATORY Novinger	24d. LOCATION (City, town, or county) (State) Novinger, Mo.
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DATE REC'D BY LOCAL REG. 10-31-55	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Paul M. [Signature]	ADDRESS Kirksville, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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

George W. Davolt

Licensed Embalmer No.

4799

P. O. Address

Kirksville, Md

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.