No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5889 **41505**

FILED JAN 9 1956

BIRTH NO. _____ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 6292 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jasper Township
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Ozark
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Rural Jasper Township

3. NAME OF DECEASED (Type or Print)
a. (First): Phoebe
b. (Middle): Wells
c. (Last): McCullough

4. DATE OF DEATH (Month): 12 (Day): 31 (Year): 55

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-28-1865
9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (City and State or Foreign Country): Ozark Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Taber
13b. MOTHER'S MAIDEN NAME: Whiswell
14. NAME OF HUSBAND OR WIFE: Jerry McCullough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Hiram Wells
ADDRESS: Isabella Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 491X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 20, 1955, *to* Dec 31, 1955, *that I last saw the deceased alive on* Dec 30, 1955, *and that death occurred at* 2:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. J. Hoerman (Degree or title) DO
23b. ADDRESS: Gainesville Mo
23c. DATE SIGNED: 1-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-1-56
24c. NAME OF CEMETERY OR CREMATORY: Lutie Cemetery
24d. LOCATION (City, town, or county) (State): Ozark Co. Mo.

DATE REC'D BY LOCAL REG.: 1-6-56
REGISTRAR'S SIGNATURE: Thana Mahan
25. FUNERAL DIRECTOR'S SIGNATURE: Clinkingbeard
ADDRESS: Gainesville Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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