

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

16779

State File No. \_\_\_\_\_

FILED JUN 13 1956

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>246</u>		
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. LENGTH OF STAY (If this place) <u>2 DAYS</u>		c. CITY OR TOWN <u>JOPLIN</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>FREEMAN HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>EAST SEVENTH STREET 0498</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>			b. (Middle) <u>WASHINGTON</u>			c. (Last) <u>MCCULLEY</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 28 1956</u>								
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 19, 1880</u>		
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>7</u>		11. DAYS <u>28</u>		12. HOURS <u>00</u> MIN. <u>00</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SERVICE STATION</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OPERATOR</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>JACKSON, TENN.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>GEORGE MCCULLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WHATLEY</u>		14. NAME OF HUSBAND OR WIFE <u>NETTIE MCCULLEY</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>NETTIE MCCULLEY RT. 1 JOPLIN, MO.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>						
		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>						
		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. <u>large right inguinal scrotal hernia</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</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) <u>33/x</u>		
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 <u>5-26</u> , 19 <u>56</u> , to <u>5-28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-28</u> , 19 <u>56</u> , and that death occurred at <u>7:30A.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. E. DeF...</u>				23b. ADDRESS <u>410 Jackson, Joplin, Missouri</u>		23c. DATE SIGNED <u>6-2-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-31-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MO.</u>		
DATE REC'D BY LOCAL REG. <u>6-4-56</u>		REGISTRAR'S SIGNATURE <u>Dove Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STEVE PARKER MORTUARY</u>		ADDRESS <u>JOPLIN, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
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