

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31260

STATE FILE NUMBER

FILED OCT 8 1956

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY LAWRENCE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN AURORA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AURORA HOSPITAL				Length of stay in lb		d. STREET ADDRESS 19 E TUNDAL	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES BENNY MCCULLAH				4. DATE OF DEATH Month Day Year SEPT. 25 1956			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 27, 1951	
9. AGE (In year last birthday) 5		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		100. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Aurora Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME FARKS MCCULLAH				14. MOTHER'S MAIDEN NAME REBECCA THOMAS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) NO NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT FARKS MCCULLAH, AURORA Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Body Burns Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 9160 DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH Hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 16							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Injured by fire at home				
20c. TIME OF INJURY Hour Month, Day, Year 2 p. m. Sept. 27 56							
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20g. CITY, TOWN, OR LOCATION Aurora Lawrence MO.			STATE COUNTY
21. I attended the deceased from Sept. 24/56 to Sept. 25/56 and last saw her alive on Sept. 25/56 Death occurred at 10:12 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Embalmer m. s.				22b. ADDRESS 315 W. Madison, Aurora, Mo.		22c. DATE SIGNED Oct. 1/56	
23a. BURIAL CREATION, REMOVAL (Specify)		23b. DATE 9-27-56	23c. NAME OF CEMETERY OR CREMATORY Maple Park		23d. LOCATION (City, town, or county) (State) Aurora, Mo.		
24. FUNERAL DIRECTOR O. L. Marsh, Aurora, Mo.			25. DATE RECD. BY LOCAL REG. Oct. 2-1956		26. REGISTRAR'S SIGNATURE Ora Mcnett		

Health, Welfare and Public Service
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All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oliver L. Marsh

Licensed Embalmer No. 3812

P. O. Address Avon

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