

Health, Welfare and Public Service
 300-56
 Director, coroner, etc. must use only standard nomenclature in Part I. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 8 1956

STANDARD CERTIFICATE OF DEATH

31261

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 8289

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 055		Inside Limits 0 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb Aurora Hospital				d. STREET ADDRESS (If outside, give location) 19 E Lyndal			
3. NAME OF DECEASED (Type or print) First REBECCA Middle MAUDE Last McCullah				4. DATE OF DEATH Month SEPT. Day 25 Year 1956			
5. SEX FEMALE		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 Feb. 16, 1925	
9. AGE (In years last birthday) 31		IF UNDER 1 YEAR Months 8 Days 21 Hours 21 Min 21		9. AGE (In years last birthday)		IF UNDER 24 HRS. Months 8 Days 21 Hours 21 Min 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY SELF.			11. BIRTHPLACE (City and state or country) LAWRENCE Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME IRAL Thomas			
14. MOTHER'S MAIDEN NAME HIMARETTA Asher				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. 401				17. INFORMANT Address PARKS McCullah - Aurora			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) extensive body burns							INTERVAL BETWEEN ONSET AND DEATH 8 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							9160
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 16							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 7:00 Month, Day, Year Sept. 24, '56 a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Aurora Lawrence Mo.		
			20g. COUNTY Lawrence		20h. STATE Mo.		
21. I attended the deceased from Sept 24/56 to Sept 27/56 and last saw her/him alive on Sept 25/56 Death occurred at 19 E Lyndal m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE McCullah M.D. (Degree of title)				22b. ADDRESS 315 W. Main St. Aurora, Mo.		22c. DATE SIGNED Oct 2/56	
23a. BURIAL CREMATION, REINTERMENT (Specify) BURIAL		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 ADDRESS O.L. Marsh, Aurora, Mo.				25. DATE RECD. BY LOCAL REG. Oct. 2 - 1956		26. REGISTRAR'S SIGNATURE Ora McMatt	

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 *Orson L. Marsh*.....

Licensed Embalmer No. *3812*

P. O. Address *.....*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.