

All diseases in Part I must be causally related.  
 MEDICAL CERTIFICATION  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**STANDARD CERTIFICATE OF DEATH**

57 921548  
STATE-FILE NUMBER

FILED JUN 19 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 283

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If indication: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jasper</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Crane</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP.</u>		Length of stay in 1b <u>3 MO'S</u>	104 <sup>th</sup> STREET ADDRESS (If outside, give location) <u>Crane</u>
3. NAME OF DECEASED (Type or print) First <u>Nima</u> Middle <u>Lu</u> Last <u>McCullah</u>			4. DATE OF DEATH Month <u>June</u> Day <u>8</u> Year <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 24-1894</u>
9. AGE (In years last birthday) <u>63</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Green Co Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Charles Callaway</u>		13b. MOTHER'S MAIDEN NAME <u>Katharine De Forest</u>	14. NAME OF HUSBAND OR WIFE <u>William McCullah</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.	17. INFORMANT Address <u>W. J. McCullah Crane Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MITRAL STENOSIS</u> DUE TO (b) <u>RHEUMATIC HEART DIS.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c). <u>RECURRENT CARCINOMA OF RIGHT BREAST</u>			INTERVAL BETWEEN ONSET AND DEATH <u>410X H</u> <u>?</u>
20a. ACCIDENT <input 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 or item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>3-6-57</u> to <u>6-8-57</u> and last saw her alive on <u>6-8-57</u> Death occurred at <u>3:20 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree & title) <u>[Signature]</u>	
22b. ADDRESS <u>617 Frisco Bldg. Joplin, Mo.</u>		22c. DATE SIGNED <u>6-11-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6/8/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Marion</u>	23d. LOCATION (City, town, or county) (State) <u>Crane, Mo.</u>
24. FUNERAL DIRECTOR <u>George W. Moulton Crane Mo</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>6-14-1957</u>
		26. REGISTRAR'S SIGNATURE <u>Dovec Merriam</u>	

County File Number 51-2-828  
Date Filed JUN 17 1957

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 *F. M. Jones* .....

Licensed Embalmer No. *2319* .....

P. O. Address *Jess. Linn. Mo.* .....

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.