

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2354

State File No. ....

FILED FEB 14 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6944 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <del>EXXX</del> <u>PLATT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Parkville. 4 Mi E,</u> )		c. LENGTH OF STAY (in this place) <u>5 Yrs</u>	c. CITY OR TOWN <u>Parkville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home. 4 Mi. East of town</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <u>Rt, 4</u>		(If rural, give location) <u>Box 431 0830</u>	

3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Porter</u> c. (Last) <u>McColloch</u>			4. DATE OF DEATH (Month) <u>2</u> (Day) <u>3</u> (Year) <u>58</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 2 .1876</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo - Mc. Fall.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Porter McColloch</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Reece</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A.J. Bowman</u> ADDRESS <u>Parkville Mo</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> 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>331X</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 11-30, 1957, to 2-2, 1958, that I last saw the deceased alive on 2-2, 1958, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Daniel G. ... MD.</u>		23b. ADDRESS <u>6708 N. Oak, R. 6.</u>		23c. DATE SIGNED <u>2-4-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-5-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
24d. LOCATION (City, town, of county) (State) <u>Berlin Mo</u>					

DATE REC'D BY LOCAL REG. <u>2-4-58</u>		REGISTRAR'S SIGNATURE <u>Opheia ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS <u>Maysville Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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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.....

Licensed Embalmer No. 3933.....

P. O. Address Maysville I.....

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.