

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013650
STATE FILE NUMBER

Dr. Kanagawa
FILED APR 21 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 117

300
1-57

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1225 West Main St.		Length of stay in 1b 45yrs	d. STREET ADDRESS (If outside, give location) 1225 West Main St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Robert McCulloch			4. DATE OF DEATH Month Day Year Apr 15 1958		
5. SEX Male 0	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 March-22-1873	9. AGE (In years last birthday) 85	F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prison Official		10b. KIND OF BUSINESS OR INDUSTRY Prison		11. BIRTHPLACE (City and state or country) Cooper County, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John McCulloch		13b. MOTHER'S MAIDEN NAME Lavina Prentice	
14. NAME OF HUSBAND OR WIFE Clara Groves McCulloch		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 17. INFORMANT Clara McCulloch, Jefferson City, 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) <u>Gen Carcinomatosis</u> DUE TO (b) <u>Carcinoma colon</u> DUE TO (c) <u>1538</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis Gen</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>15 yr.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of 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>4/10/1958</u> to <u>4/15/58</u> and last saw <u>him</u> alive on <u>4/14/58</u> Death occurred at <u>3:45</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R. P. Kanagawa MD</u>		(Degree or title) 0		22b. ADDRESS <u>515 E High St</u>	
22c. DATE SIGNED <u>4/16/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <u>4/17/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		23d. LOCATION (City, town, or county) <u>Jefferson City, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Thorpe J Gordon, Jefferson City, Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>16 April 1958</u>	
26. REGISTRAR'S SIGNATURE <u>R. P. Norris, MD - JR</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Primary, secondary, etc., cause use only - Standard nomenclature in Part 18. All diseases in Part I must be causally related. NO symptoms will be listed.

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 *Hope J. Ford*
Licensed Embalmer No. *1786*
P. O. Address *Jeff City 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.