

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044260

STATE FILE NUMBER

5992

FILED JAN 5 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LUKE'S</i>		d. STREET ADDRESS (If outside, give location) <i>521 Woodland</i>	
3. NAME OF DECEASED (Type or print) First <i>Sandra</i> Middle <i>S.</i> Last <i>McCullom</i>		4. DATE OF DEATH Month <i>DECEMBER</i> Day <i>18</i> Year <i>1958</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>5-1-37</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOMEMAKER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>DOMESTIC</i>	11. BIRTHPLACE (City and state or country) <i>NEVADA, MISSOURI</i>
13a. FATHER'S NAME <i>C. T. BURCH</i>		13b. MOTHER'S MAIDEN NAME <i>GLADYS SIMMONS</i>	14. NAME OF HUSBAND OR WIFE <i>Bufford M. McCullom</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT Address <i>BUFFORD M. McCULLOM, 521 WOODLAND.</i>
18. CAUSE OF DEATH (Use only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Glomerulonephritis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <i>Dec 13, 1958</i> to <i>Dec 18, 1958</i> and last saw her <sup>her</sup> <sub>him</sub> alive on <i>Dec 18, 1958</i> Death occurred at <i>2:57 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Harold W. Wotz, M.D.</i> (Degree or title)		22b. ADDRESS <i>201 Plaza Med. Bldg. 315 N. Nichols Rd. K.C. Mo.</i>	22c. DATE SIGNED <i>Dec 18, 1958</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>DEC. 18, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>-</i>	23d. LOCATION (City, town, or county) (State) <i>NEVADA MISSOURI</i>
24. FUNERAL DIRECTOR ADDRESS <i>D.W. NEWCOMER'S SONS, KANSAS CITY, MO.</i>		25. DATE RECD. BY LOCAL REG. <i>12-18-58</i>	26. REGISTRAR'S SIGNATURE <i>neva merrill</i>

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Harold W. Wotz

JAN 5 1958

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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 *Albert L. Savage*

Licensed Embalmer No. *4812*  
P. O. Address *Henson City*

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.