

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047323
State File No.

FILED MAR 6 1959

REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN CATRON-RURAL)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CATRON-RURAL-Rt. 1 0920	
c. LENGTH OF STAY (in this place) 2 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME			

3. NAME OF DECEASED (Type or Print) a. (First) PLEASANT b. (Middle) CEAR c. (Last) MC CULLOUGH			4. DATE OF DEATH (Month) (Day) (Year) 10-29-1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 6-8-1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 4 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ISABELLA Mo
13a. FATHER'S NAME PLEASANT J. MC CULLOUGH			13b. MOTHER'S MAIDEN NAME MARTHA HENDERSON		14. NAME OF HUSBAND OR WIFE DECEASED
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. 487-24-9363		17. INFORMANT'S SIGNATURE OR NAME PLEASANT MC CULLOUGH ADDRESS CATRON Mo. Rt. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			12. CITIZEN OF WHAT COUNTRY? U.S.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		ANTECEDENT CAUSES		3	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		—	
DUE TO (b) Generalized arteriosclerosis		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? 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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **April, 1958**, to **1 Oct, 1958**, that I last saw the deceased alive on **1 Oct, 1958**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Charles C. Ruler (Degree or title)	23b. ADDRESS New Madrid, Mo	23c. DATE SIGNED 6 Dec 58
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-2-58	24c. NAME OF CEMETERY OR CREMATORY ISABELLA CEMETERY	24d. LOCATION (City, town, or county) (State) ISABELLA Mo.
DATE REC'D BY LOCAL REG. 2/21/59	REGISTRAR'S SIGNATURE Dr. George H. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOWARD FUNERAL SERVICE MANILA PARK.	

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

H. H. Howard

Signed.....
Student Embalmer

Licensed Embalmer No..... *3959*

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

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