

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016827

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 527

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Plattsburg</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>No. Metts. Hosp.</u>		Length of stay in lb <u>1 week</u>	d. STREET ADDRESS (If outside, give location) <u>R. 2, D. 1</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Maude (None) McCulloch</u>		4. DATE OF DEATH Month Day Year <u>MAY 16 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 29 1895</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeper</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	9c. AGE (In years last birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9d. UNDER 1 YEAR Months Days <u>74</u>
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10d. KIND OF BUSINESS OR INDUSTRY	9e. UNDER 24 HRS. Hours Min. <u>0</u>
11. BIRTHPLACE (City and state or country) <u>Plattsburg Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Tephart</u>		13b. MOTHER'S MAIDEN NAME <u>CORA Mitchell</u>	
13c. FATHER'S NAME		13d. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE <u>George W. McCulloch</u>		14. NAME OF HUSBAND OR WIFE	
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. <u>NONE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>G.W. McCulloch R. 2, D. 1 Plattsburg Mo.</u>		17. INFORMANT	
17. INFORMANT		17. INFORMANT	
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>Cerebral vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic vascular sclerosis</u>		} <u>years.</u>	
DUE TO (c) <u>of cerebral circulation</u>		}	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None contributory</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19. WAS AUTOPSY PERFORMED?		19. WAS AUTOPSY PERFORMED?	
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.)	
20a. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED.	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20c. TIME OF INJURY	
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.)	
20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK		20e. PLACE OF INJURY	
20f. CITY, TOWN, OR LOCATION <u>Plattsburg</u>		20f. CITY, TOWN, OR LOCATION	
20g. COUNTY <u>Buchanan</u>		20g. COUNTY	
20h. STATE <u>Missouri</u>		20h. STATE	
21. I attended the deceased from <u>May 16, 1959</u> to <u>May 16, 1959</u> and last saw her alive on <u>May 16, 1959</u> Death occurred at <u>7:25 p.m.</u> on the date stated above; and to the best of my knowledge (from the causes stated).		21. I attended the deceased from to and last saw her alive on Death occurred at on the date stated above; and to the best of my knowledge (from the causes stated).	
22a. SIGNATURE (Degree or title) <u>Carol A. Fetter, M.D.</u>		22b. ADDRESS <u>Suite 301 Phys. Bldg. St. Joseph, Missouri</u>	
22a. SIGNATURE		22b. ADDRESS	
22c. DATE SIGNED <u>May 17, 1959</u>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>BURIAL</u>		23b. DATE <u>5/18/1959</u>	
23a. BURIAL, CREMATION, REMOVAL, (Specify)		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <u>Stony Point Cemetery</u>		23d. LOCATION (City, town, or county) <u>Clinton County Missouri</u>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)	
24. FUNERAL DIRECTOR <u>Lyon Funeral Home Inc. Plattsburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 19, 1959</u>	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>		26. REGISTRAR'S SIGNATURE	

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Frederic E. Col

Licensed Embalmer No. *4993*

P. O. Address *Plattsburgh*

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.