

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

'59 0 4 5 6 9 7

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **211283**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4203 Grove St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HENRY MC CULLOUGH			4. DATE OF DEATH Month Day Year DEC. 5 1959		
5. SEX Male	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 2-7-1903	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY City Hospital		11. BIRTHPLACE (City and state or country) Puryear, Tenn.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Robert H. McCullough		13b. MOTHER'S MAIDEN NAME Minnie Adams	
14. NAME OF HUSBAND OR WIFE Addie McCullough		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. 495-12-7650	
17. INFORMANT Addie McCullough		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock DUE TO (b) Diabetes Mellitus DUE TO (c) Pyelonephritis & septicemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260x		19. INTERVAL BETWEEN ONSET AND DEATH	
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.) 260x	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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		20g. COUNTY		20h. STATE	
21. I attended the deceased from October 7, 1957 to December 5, 1959 and last saw ^{him} her alive on Dec. 5, 1959 Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. Leightner M.D.		22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 12-5-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12-5-59		23c. NAME OF CEMETERY OR CREMATORY Hazel, Kentucky	
23d. LOCATION (City, town, or county) Hazel, Kentucky		24. FUNERAL DIRECTOR Morrell Funeral Home		25. DATE RECD. BY LOCAL REG. DEC 5 1959	
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.		27. (Licensed Embalmer's Statement on Reverse Side)			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Laron E Percy

Licensed Embalmer No. 4094

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.