

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002226

FILED VS. JAN 22 1960 / 62

Registration District No. \_\_\_\_\_ Primary Registration District No. 5594 Registrar's No. 1

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only), OR TOWN <b>Murphy (Fenton P.O.)</b>		c. CITY OR TOWN <b>Murphy (Fenton P.O.)</b>	
Length of stay in 1b <b>1 yr</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ridge Road</b>		d. STREET ADDRESS (If outside, give location) <b>Ridge Road</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Willie</b> First <b>Calvin</b> Middle <b>McCullough</b> Last			4. DATE OF DEATH <b>JANUARY 13 1960</b> Month <b>JANUARY</b> Day <b>13</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 16, 1909</b>	9. AGE (last birthday) <b>50</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plasterer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Veterans Administration</b>		11. BIRTHPLACE (City and state or country) <b>Bonifay, Florida</b>	
12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Cecelia</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-2</b>		16. SOCIAL SECURITY NO. <b>WN-2</b>	
17. INFORMANT <b>Mrs. Cecelia McCullough</b>		Address <b>Rt. 1, Box 263 B Fenton, Mo.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CORONARY OCCLUSION -

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) \_\_\_\_\_

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

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 WORK  NOT WHILE AT WORK

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 Inquest to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_ Death occurred at 8:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) James B. Johnson D.C. Coroner Fenton, Mo. 22b. ADDRESS \_\_\_\_\_ 22c. DATE SIGNED 1-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Jan. 18, 1960 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR G. Hoffmeister Mortuaries ADDRESS 7814 S. Broadway 25. DATE RECD. BY LOCAL REG. 1-15-60 26. REGISTRAR'S SIGNATURE Robert E. Bauer

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

MAR 2 1960  
APR 5 1960

MAR 11 1960

FEB 2 1960

FEB 29 1960  
JAN 26 1960  
JAN 25

**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 John D. Denney  
Licensed Embalmer No. 4194  
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.