V.S. No. 300
REV. 10.48

FILED VS FEB 23 1960

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

60-005439
State File No.

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 4082 Registrar's No. 17

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**
a. COUNTY: CARROLL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bogard
c. LENGTH OF STAY (In this place): 26 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME. 90

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: CARROLL
c. CITY OR TOWN: Bogard 0170
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): City.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Clyde
b. (Middle): Franklin
c. (Last): Mc Cullum

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 18 1960

**5. SEX**: MALE
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): NEVER MARRIED
**8. DATE OF BIRTH**: MAR. 11-1877
**9. AGE** (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): FARM. Hand.
**10b. KIND OF BUSINESS OR INDUSTRY**: ✓
**11. BIRTHPLACE** (City and State or Foreign Country): EXLINE, Iowa. 1
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Adam Mc Cullum
**13b. MOTHER'S MAIDEN NAME**: Elizabeth Dowlin
**14. NAME OF HUSBAND OR WIFE**: None.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: No
**17. INFORMANT'S SIGNATURE OR NAME**: MRS. T. D. MURRY — ADDRESS: Bogard Mo.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* 410 X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan 1 1958, *to* Feb 18, 1960, *that I last saw the deceased alive on* Feb 18, 1960, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: H. Hamilton Malan MD (Degree or title)
**23b. ADDRESS**: Carrollton Mo.
**23c. DATE SIGNED**: Feb 20 1960

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL.
**24b. DATE**: Feb-21-1960
**24c. NAME OF CEMETERY OR CREMATORY**: NUMA, Iowa.
**24d. LOCATION** (City, town, or county) (State): Numa Iowa.

DATE REC'D BY LOCAL REG.: 2-
REGISTRAR'S SIGNATURE: [illegible]
**25. FUNERAL DIRECTOR'S SIGNATURE**: Dickerson
**ADDRESS**: Funeral Home Bogard, Mo

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Samuel Martin Rie

Licensed Embalmer No..5087

P. O. Address.Bagaul, M

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