MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 3 1960

60-022058
STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 4516 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Forsyth — Length of stay in 1b: 1 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: resident — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Dallas
c. CITY OR TOWN: Buffalo — Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location): unknown — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First DAVID Middle HUTCHINS Last McCULLOCH
4. DATE OF DEATH: Month May Day 24 Year 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: 9-12-85
9. AGE (last birthday): 74 — IF UNDER 1 YEAR: Months 8 Days 12 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: Stone Mason
11. BIRTHPLACE (City and state or country): Scotland
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John McCulloch
13b. MOTHER'S MAIDEN NAME: Elizebeth Mason
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): none
16. SOCIAL SECURITY NO.: 491-01-8587
17. INFORMANT: Mrs Chris Woods Address: Forsyth, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Decompensation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pleural effusion
DUE TO (c): Influenza - Senility
INTERVAL BETWEEN ONSET AND DEATH
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 a.m. p.m. Month, Day, Year
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 5-10-60 to 5-24-60 and last saw ~~her~~ him alive on 5-24-60
Death occurred at 5-24-60 3:30 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mary Kung, D.O.
22b. ADDRESS: Forsyth, Mo.
22c. DATE SIGNED: 5-26-60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 5-28-60
23c. NAME OF CEMETERY OR CREMATORY: Rosebank Cemetery
23d. LOCATION (City, town, or county) (State): Mulberry, Kansas

24. FUNERAL DIRECTOR ADDRESS: Whelchel Funeral Chapel Branson, Mo
25. DATE RECD. BY LOCAL REG.: 5-28-60
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER JUN 6 1960

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_____ Signed Walter Cobb
Signature of Student Embalmer

Licensed Embalmer No. 473

P. O. Address Branson

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