

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008166

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 61-25 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 61-25 STATE FILE NUMBER

**FILED APR 10 1961**

1. PLACE OF DEATH  
 a. COUNTY Dade  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood Mo Length of stay in 1b 1 da  
 c. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo b. COUNTY Dade  
 c. CITY OR TOWN Lockwood Mo Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) North Main Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
James William McCulley March 31 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH June 3 1880 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months 9 Days 28 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 Plaster 11. BIRTHPLACE (City and state or country) Dade Co Mo. 12. CITIZEN OF WHAT COUNTRY usa

13a. FATHER'S NAME Joseph McCulley 13b. MOTHER'S MAIDEN NAME Elizabeth Polston 14. NAME OF HUSBAND OR WIFE Jesse McCulley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.  17. INFORMANT Address Ruth McCollum Winslow Ariz.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) acute Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 1 day  
 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 3-31-61 to 3-31-61 and last saw him alive on 3-31-61  
 Death occurred at 3:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James J. Kinder, M.D. 22b. ADDRESS Lockwood, Mo. 22c. DATE SIGNED 4-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 13 1961 23c. NAME OF CEMETERY OR CREMATORY Lockwood 23d. LOCATION (City, town, or county) (State) Lockwood Mo.

24. FUNERAL DIRECTOR Allison Funeral Home Greenfield Mo ADDRESS  25. DATE RECD. BY LOCAL REG. 4/8/61 26. REGISTRAR'S SIGNATURE J.C. Canada

**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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Smyrna, Mo.

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.