

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009371

STATE FILE NUMBER

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 53

FILED APR 3 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Webb City,</u>   |   | Length of stay in 1b<br><u>1 wk.</u>  | c. CITY OR TOWN <u>Webb City,</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>613 W. Second</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>       |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Mary</u> Middle <u>Ellen</u> Last <u>Cullison</u>  |   |   | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>21</u> Year <u>1961</u>  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>11/13/1876</u>  |
| 9. AGE (last birthday)<br><u>84</u>  |   | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Wayne County, Mo.</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |   | 13a. FATHER'S NAME<br><u>Jim Storey</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Nancy Helm</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Ira J. Cullison</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |   | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br><u>Ira J. Cullison, Webb City, Mo.</u>  |   | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Terminal Pulmonary Edema.</u><br>DUE TO (b) <u>Chronic Myocarditis</u><br>DUE TO (c) <u>-</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 days.</u><br><u>unknown</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Generalized Arteriosclerosis</u>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>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<br>COUNTY _____ STATE _____  |  |
| 21. I attended the deceased from <u>March 14, 1961</u> to <u>March 21, 1961</u> and last saw her/him alive on <u>March 21, 1961</u><br>Death occurred at <u>2:35 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE<br><u>M. Wells-Lewis, D.O.</u> (Degree or title)  |   | 22b. ADDRESS<br><u>924 W. Dougherty Webb City</u>   | 22c. DATE SIGNED<br><u>3-27-61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Mar. 23, 1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Ozark Memorial Park</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Joplin, Missouri</u>   |
| 24. FUNERAL DIRECTOR<br><u>Hedoe-Lewis Funeral Home, Webb City, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>3-27-61</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Madeline Svirzger</u>   |

(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 embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard H. Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.