MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-006899
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 130

FILED MAR 6 1962

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN
Length of stay in 1b: 5 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. FREENAN HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 311½ MAIN ST
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MURL Middle: Last: MCCULLOUGH
4. DATE OF DEATH Month: FEBRUARY Day: 28 Year: 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/29/1910
9. AGE (last birthday): 51
IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR
10b. KIND OF BUSINESS OR INDUSTRY: MINER
11. BIRTHPLACE (City and state or country): VINITA, OKLA.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JOHN MCCULLOUGH
13b. MOTHER'S MAIDEN NAME: FLORA MAE HAMPTON
14. NAME OF HUSBAND OR WIFE: MRS. EDITH MCCULLOUGH
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: MRS. EDITH MCCULLOUGH Address: 311½ MAIN ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Presumably heart attack (coroner notified)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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.) This man had history of 5-yrs. illness
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 No Dr. in attendance to and last saw her/him alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Dovie Merriam (Degree or title) Local Registrar
22b. ADDRESS 201 Joplin St., Joplin, Mo
22c. DATE SIGNED 3-2-62
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 3/2/62
23c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW CENETERY
23d. LOCATION (City, town, or county) (State): JOPLIN MISSOURI
24. FUNERAL DIRECTOR ADDRESS: HURLBUT-GLOVER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: 3-2-1962
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Jack C. Simpson

Signature of Student Embalmer

Licensed Embalmer No. 4647

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.