

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016258

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 155 STATE FILE NUMBER

FILED APR 16 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Pettis  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in 1b 50 yrs  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY Pettis  
c. CITY OR TOWN Sedalia Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 724 West 7th Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last Maude B. Cullom 4. DATE OF DEATH Month Day Year April 13 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2-29-1878 9. AGE (last birth day) 83 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) Home 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Holden Mo 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME  Gus Arnold  13b. MOTHER'S MAIDEN NAME  unknown  14. NAME OF HUSBAND OR WIFE  Charles Cullom

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

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a)  Pneumonia   
DUE TO (b)  Coronary Artery Heart Disease   
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  Fractured hip.

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  3/15/62  to  4/13/62  and last saw her  alive  on  4/12/62   
Death occurred at  8:10 a.m.  on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  Donald E. Stortz M.D.  22b. ADDRESS  Sedalia, Mo.  22c. DATE SIGNED  4/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  Burial  23b. DATE  4-16-62  23c. NAME OF CEMETERY OR CREMATORY  Crown Hill  23d. LOCATION (City, town, or county) (State)  Sedalia Mo

24. FUNERAL DIRECTOR  McLaughlin Bros Sedalia  ADDRESS  Sedalia  25. DATE RECD. BY LOCAL REG.  April 14 1962  26. REGISTRAR'S SIGNATURE  Frances Shelby

USE BLACK INK OR TYPEWRITER RIBBON

NOV 15 1962

**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 K. P. M. Cray

Licensed Embalmer No. 3183

P. O. Address Sedalia 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.