

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035191

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 447

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 24 1962							
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Jasper</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in lb. 4 days</p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Jasper</p> <p>c. CITY OR TOWN Purcell Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Purcell Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>						
<p>3. NAME OF DECEASED First Middle Last Minnie McCullum</p>							
<p>4. DATE OF DEATH Month Day Year September 10, 1962</p>							
<p>5. SEX Female</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 9-10-1889</p>	<p>9. AGE (last birthday) 73</p>	<p>IF UNDER 1 YEAR Months 0 Days 0</p>	<p>IF UNDER 24 HR Hours 0 Min. 0</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) Greenfield, Missouri</p>		<p>12. CITIZEN OF WHAT COUNTRY USA</p>	
<p>13a. FATHER'S NAME William McGuirk</p>			<p>13b. MOTHER'S MAIDEN NAME Margaret Downs</p>			<p>14. NAME OF HUSBAND OR WIFE</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no</p>			<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT Address Robert McCullum, Purcell, Mo.</p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) Diabetes, Myocarditis</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes with Infarction, Atherosclerosis</p> <p>DUE TO (c) Gangrene, Toxicity</p>						<p>INTERVAL BETWEEN ONSET AND DEATH 4 days</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a)</p>						<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>							
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>			
<p>21. I attended the deceased from _____ to _____ and last saw her/him live on _____ Death occurred at 8:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p>22a. SIGNATURE (Degree or title) A. J. Crawford M.D.</p>				<p>22b. ADDRESS Frisco Bldg. Joplin, Mo.</p>		<p>22c. DATE SIGNED 9/26/62</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		<p>23b. DATE 9-14-62</p>	<p>23c. NAME OF CEMETERY OR CREMATORY Friends Cemetery</p>		<p>23d. LOCATION (City, town, or county) (State) Purcell, Missouri</p>		
<p>24. FUNERAL DIRECTOR ADDRESS Johnston-Simpson, Webb City, Mo.</p>			<p>25. DATE RECD. BY LOCAL REG. 9-14-1962</p>		<p>26. REGISTRAR'S SIGNATURE Doore Merriam</p>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

1 0499

2 0490-

3

4 1

5 2

6

7 0

8 0

9 260X

10

11

12 4-0

13 2-0

Date received at Dr. Office----- 9-11-62

Date returned to Mortuary----- 9-14-62

SEP 25 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 Jack C. Simpson

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.