

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-010038

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 56

FILED FEB 28 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Scott</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u> Length of stay in 1b <u>2 hrs.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Delta Community</u> 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 <u>Missouri</u> b. COUNTY <u>New Madrid</u></p> <p>c. CITY OR TOWN <u>Morehouse</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <u>Johnnie</u> Middle <u>McCulley</u> Last <u>McCulley</u></p>	
<p>4. DATE OF DEATH Month <u>2</u> Day <u>20</u> Year <u>63</u></p>	
<p>5. SEX <u>male</u></p>	<p>6. COLOR OR RACE <u>cauc.</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>1/22/1962</u></p>
<p>9. AGE (last birthday) <u>1</u></p>	<p>IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>child</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Sikeston, Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.</u></p>
<p>13a. FATHER'S NAME <u>Eugene McCulley</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Lorami Bryan</u></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) <u>no</u></p>
<p>16. SOCIAL SECURITY NO.</p>	<p>17. INFORMANT Address <u>Eugene McCulley, Morehouse, Mo.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute Dehydration</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</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 checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____</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 <u>2-20-63</u> to <u>2-20-63</u> and last saw him alive on <u>2-20-63</u></p> <p>Death occurred at <u>12:25 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>L. M. Laro, M.D.</u></p>	<p>22b. ADDRESS <u>Morehouse, Mo.</u></p>
<p>22c. DATE SIGNED <u>2-20-63</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u></p>	<p>23b. DATE <u>2/22/63</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Tripllett Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Route 1 Dexter, Missouri</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS <u>Watkins & Sons Morehouse, Mo</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>Feb 26, 1963</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u></p>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO.: SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Permit renewed Feb 20 - 1963

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 Earl M. [Signature]

Licensed Embalmer No. 4964

P. O. Address Depta, Ma.

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.