No. 300
10-48

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12190

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 6444 Registrar's No. 31

380
4

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albany S 1/2 Mile
c. LENGTH OF STAY (in this place): 4 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Albany Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry
d. STREET ADDRESS (If rural, give location): Aloutheus, Ave.

6380

3. NAME OF DECEASED (Type or Print) a. (First): Mr. McCullough b. (Middle): Grimsley c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 4/14/1951

5. SEX: Male
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W Horner
8. DATE OF BIRTH: Apr-15-1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Darlington, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mr. Earnest Jones — ADDRESS: Stanberry MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 334 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 12, 1951, *to* Apr 14, 1951, *that I last saw the deceased alive on* Apr 13, 1951, *and that death occurred at* 430 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. J. Prey (Degree or title): D.O.
23b. ADDRESS: Albany, MO
23c. DATE SIGNED: 4/14/51

24a. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24b. DATE: 4/15/51
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Rouse
24d. LOCATION (City, town, or county) (State): Darlington, MO

DATE REC'D BY LOCAL REG.: April 18-1951
REGISTRAR'S SIGNATURE: Edith Lehilde 430
25. FUNERAL DIRECTOR'S SIGNATURE: Laton R. Phillips — ADDRESS: Stanberry MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
23 '51
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.

Signed Laton F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonberry, MO

Signed .....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.