

Health
Welfare
Public
Affairs
Division

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1958

854

STATE FILE NUMBER

Registration District No. 120

Primary Registration District No. 5444

Registrar's No. 163

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Athens		c. CITY OR TOWN McFall	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Plainview Rest		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) Logan McCulloch		4. DATE OF DEATH January 8, 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 19, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming (retired)		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Gentry County, Mo.
13a. FATHER'S NAME Porter McCulloch		13b. MOTHER'S MAIDEN NAME Sarah Reece	14. NAME OF HUSBAND OR WIFE Mamie Lear McCulloch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs Tom Osborn, Albany, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lungs DUE TO (b) Carcinoma of face DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x			INTERVAL BETWEEN ONSET AND DEATH 3 mos 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 Nov. 12 - 56 to Jan. 5 - 58 and last saw ^{him} alive on 1-5-58 Death occurred at 9:50 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. J. Pray, D.O. (Degree or title)		22b. ADDRESS Albany, Mo.	
22c. DATE SIGNED 1-12-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Jan. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY Fairview	23d. LOCATION (City, town, or county) (State) Gentry Co. Missouri
24. FUNERAL DIRECTOR Clifford Brooks, Albany, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 12, 1958	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

JAN 29 1958

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 byme....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Donald E. Cochell*.....

Licensed Embalmer No.....4868.....
P. O. Address....Albany, 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.