WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
MAR 23 1995
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA — DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 DECEDENT - NAME (First, Middle, Last): DAVID BOYD McCULLEY
2 SEX: MALE
3 DATE OF DEATH: MARCH 11, 1995
4 CITY AND STATE OF BIRTH: INDIANOLA IOWA
5a AGE - Last Birthday (Yrs): 86
6 DATE OF BIRTH: NOVEMBER 28, 1908
7 SOCIAL SECURITY NUMBER: 505-40-0897
8a PLACE OF DEATH: OTHER — [X] Residence
8b FACILITY - NAME: WESTVIEW RETIREMENT COMMUNITY
8c CITY, TOWN OR LOCATION OF DEATH: GRANT
8d INSIDE CITY LIMITS: Yes [X]
8e COUNTY OF DEATH: PERKINS
9a RESIDENCE - STATE: NEBRASKA
9b COUNTY: PERKINS
9c CITY, TOWN OR LOCATION: GRANT
9d STREET AND NUMBER (including Zip Code): Rt. 1 Box 21 (69140)
9e INSIDE CITY LIMITS: Yes [X]
10 RACE: WHITE
11 ANCESTRY: IRISH-AMERICAN
12 [X] WIDOWED
13 NAME OF SPOUSE: NONE
14a USUAL OCCUPATION: SCHOOL TEACHER
14b KIND OF BUSINESS/INDUSTRY: SECONDARY EDUCATION
15 EDUCATION: College 5+
16 FATHER - NAME: BOYD McCULLEY
17 MOTHER: LEILA WEEDE (Maiden Surname)
18 WAS DECEASED EVER IN U.S. ARMED FORCES?: NO
19a INFORMANT - NAME: CAROLYN McARTOR
19b INFORMANT MAILING ADDRESS: HCR 80 - Box 4 - GRANT NEBR. 69140
20 EMBALMER - SIGNATURE & LICENSE NO: John Long 901
21a METHOD OF DISPOSITION: [X] Burial
21b DATE: MARCH 14, 1995
21c CEMETERY OR CREMATORY NAME: FAIRVIEW CEMETERY
21d CEMETERY OR CREMATORY LOCATION: GRANT NEBRASKA
22a FUNERAL HOME - NAME: BULLOCK-LONG
22b FUNERAL HOME ADDRESS: BOX 452 - GRANT NEBR. 69140
23 PART I (a) IMMEDIATE CAUSE: acute myocardial infarction — Interval between onset and death: immediate
24 PREGNANCY: No [X]
25 AUTOPSY: No [X]
26 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER?: No [X]
27a DATE OF DEATH: MARCH 11, 1995
27b DATE SIGNED: 3/17/95
27c TIME OF DEATH: 6:00 A.M.
27d Signature and Title: Clifford MD
29 DID TOBACCO USE CONTRIBUTE TO THE DEATH?: [X] NO
30a HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED?: [X] NO
30b WAS CONSENT GRANTED?: [X] NO
31 NAME AND ADDRESS OF CERTIFIER: CLIFFORD COLGLAZIER - M.D. - GRANT NEBR. 69140
32 REGISTRAR: Stanley S. Cooper
33 DATE FILED: MAR 20 1995

FILED NO. 3003
BOOK 43 PAGE 442
96 MAY -2 PM 2:43
MICHELLE UTSLER
RECORDER
MADISON COUNTY, IOWA

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