

REC'D OCT 27 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

33475  
Do not use this space.

1. PLACE OF DEATH  
(a) County Stoddard Registration District No. 838  
(b) Township Liberty Primary Registration District No. 4509 Registered No. \_\_\_\_\_  
(c) City Bertr (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Haislip 241  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1859  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 11 4  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
13. NAME Johnathan Culbertson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record  
15. MAIDEN NAME Martha Culbertson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record  
17. INFORMANT Mrs. Wm. James  
(ADDRESS) Dexter, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Hagy Cem. DATE 8/23/38  
19. FUNERAL DIRECTOR (ADDRESS) Blankenship-Strickland  
Dexter, Mo. 755  
20. FILED 10/17 38 Margaret Boone Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22 1938  
22. I HEREBY CERTIFY, that I attended deceased from Aug. 20 1938 to Aug. 22 1938  
I last saw her alive on Aug. 20, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis Date of onset 8/24/38  
Previous attack 3/24/38  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) John W. Blanton, M. D.  
Bloomfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**