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.

DEC 28

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

40302
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe 2 Registration District No. 581
(b) Township or City Monroe City 1 Primary Registration District No. 4343 Registered No. 30
(c) (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 416 James E. Culliser
(a) Residence, No. 416 - So - Locust St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Mae Culliser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 23rd 1868
7. AGE YEARS 71 MONTHS 0 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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) Illinois

FATHER
13. NAME Fredrick Culliser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Elizabeth Morgan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) J. R. Culliser Shelburn, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Deer Creek Cemetery DATE 11/9/39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Million & Barkelew Shelburn, Mo.
20. FILED 11/8, 1939 W. D. Pipkin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1939, to Nov 7th, 1939
I last saw him alive on Nov 6th, 1939. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus with terminal gangrenous the right foot & leg.	Oct 29 - 1939
Other contributory causes of importance: Gangrenous left foot	1938 Dec.

Name of operation Amputation left leg Date of Dec 18-39
What test confirmed diagnosis? Clinical 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) W. D. Pipkin, M. D.
(Address) Monroe City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-39-2099
Date Filed DEC 7 1939

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Henry G. Barkele

Licensed Embalmer No. 3835

P. O. Address Shelburne, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.