

DEC 15 1939

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

43207
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 1109
(b) Township Sac Primary Registration District No. 5333 Registered No. 3
(c) City Crisp, Mo. (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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Bobby Dean Culver

(a) Residence, No. Crisp, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1939.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) Crisp, Mo.

FATHER 13. NAME Henry Culver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

MOTHER 15. MAIDEN NAME Velma Barker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

17. INFORMANT Henry Culver
(ADDRESS) Crisp, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crisp Cem. DATE Oct. 19, 39

19. FUNERAL DIRECTOR (NAME) J. W. Ward
(ADDRESS) Greenfield, Mo.

20. FILED Nov 17 1939 Winnie King Ross Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1939, to Oct. 31, 1939
I last saw him alive on Oct. 18, 1939. Death is said to have occurred on the date stated above, at 7 pm. m.

The principal cause of death and related causes of importance were as follows:

Congenital Atelectosis
(Premature Labor)
Date of onset _____
Other contributory causes of importance: 10/18

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) J. T. Drisdell, M. D.
(Address) Greenfield, 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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2525

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,

J. W. Ward,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield, 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 this body is not embalmed, above space should be left blank.