DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7560

Registration District No. 608 Primary Registration District No. 5807 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Stella (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Stella, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Stella, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. ------ (If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME Daniel Edward Cullers 462

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida Cullers

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 18 (Day) 1868 (Year)

8. AGE: Years 71 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Doctor

11. Industry or business

FATHER
12. Name Noah Cullers
13. Birthplace Va. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lydia Climm
15. Birthplace Va. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ida Cullers

(b) Address Stella Mo.

17. (a) Macedonia (Burial, cremation, or removal) (b) Date thereof Feb. 2 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Cem.

18. (a) Signature of funeral director Wm. M. Pogue

(b) Address Wheaton Mo.

19. (a) 2-9-1940 (Date received local registrar) (b) Ada Collings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st year 1940 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from at time of death, 19 Sickness started; that I last saw him about 15 minutes, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Heart block

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. L. Edmondson (M. D. or other)

Address Stella, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Wm. Morris Pogue, Registered Apprentice No. ..... working under my personal supervision.

Signed Wm. Morris Pogue

Licensed Embalmer No. 8429

P. O. Address Wheaton 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.