DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10725

Registration District No. 218 — 1941 APR 10

Primary Registration District No. 2001

Registrar's No. 267

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community x

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rural-High Prarie (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Evelyn Roselle Culver

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Inf.

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

7. Birth date of deceased December 19 - 1939 (Month) (Day) (Year)

8. AGE: Years 1 | Months 3 | Days 11 | If less than one day x hr. x min.

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

10. Usual occupation Infant

11. Industry or business Home

FATHER
12. Name Clifford Culver
13. Birthplace Webster County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Estelle Maxine Rost
15. Birthplace Webster County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clifford Culver

(b) Address Marshfield, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April-1-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mission Home

18. (a) Signature of funeral director [illegible]

(b) Address Marshfield, Missouri

19. (a) 4-1-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1941 hour 7 minute 15-p. M.

21. I hereby certify that I attended the deceased from 3-29, 1941, to 3-30, 1941, that I last saw her alive on 3-30, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Walnut Kernel st. bronchus.

Due to ~~[illegible]~~ Aspiration Kernel

Due to while eating

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations N.B. removed. neg.

Of autopsy 195 [illegible]

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) 112

(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 W. C. Clark (M. D. or other)

Address Springfield, Mo. Date signed 4-2-41

(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 ——

——, Registered Apprentice No. ——

working under my personal supervision.

Signed Rex Lamey

Licensed Embalmer No. B312

P. O. Address Marshfield, Missouri

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.

X