

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35280**  
Registrar's No. **114**

**FILED** **26** **PO** **1945**  
Registration District No. **208**

Primary Registration District No. **6225**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
(a) County Waynes  
(b) City or town Beural - Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hosp # 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr 8 months  
(Specify whether Same)  
In this community Same  
years, months or days

**3. (a) PRINT FULL NAME** George Culver  
**3. (b) If veteran,** name war None  
**3. (c) Social Security No.** None

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced, or single** Single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** DK DK 1890  
(Month) (Day) (Year)

**8. AGE:** Years 55 Months DK Days DK  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Bates Co Mo  
(City, town, or county) (State or foreign country)

**10. Usual occupation** None

**11. Industry or business** \_\_\_\_\_

MOTHER FATHER

**12. Name** Mat Culver  
**13. Birthplace** DK 9  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Waney Lawson  
**15. Birthplace** DK 9  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Woop Reed  
**(b) Address** \_\_\_\_\_

**17. (a)** Beural **(b) Date thereof** 7-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Lois Cemetery

**18. (a) Signature of funeral director** Elizabeth J. ...  
**(b) Address** Wewada, Mo

**19. (a)** 7-26-45 **(b)** Hazel B. Beurick  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo (b) County Bates  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. County Farm  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month July day 25  
year 1945 hour 5 minute 0 P M.  
**21. I hereby certify that I attended the deceased from** Dec 6  
\_\_\_\_\_ 1943 to July 25 1945  
that I last saw him alive on July 25 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma - head of the pancreas  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy As above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

**23. Signature** Wm J. Gomer (M. D. or other) \_\_\_\_\_  
**Address** Wewada **Date signed** 7/24/45

1331

RECEIVED  
District Health Officer No. 7,  
District File Number 7-46-710  
Date Filed 8-9-15

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 *not*

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

Signed

*Mark Eichinger*

Licensed Embalmer No.

*7656*

P. O. Address

*Nevada, 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, fact should be so stated above.**