. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11383

Registration District No. 5 Primary Registration District No. 4016 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Tarkio
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison 3
(c) City or town Tarkio 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country **

3. (a) PRINT FULL NAME Nellie F. Culbertson
3. (b) If veteran, name war **
3. (c) Social Security No. ****

4. Sex female /
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Joseph C. Culbertson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 16 (Day) 1862 (Year)

8. AGE: Years 86 Months 10 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) New York / (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Gilbert Fay
13. Birthplace (City, town, or county) New York / (State or foreign country)
MOTHER
14. Maiden name Orsaa Allen
15. Birthplace (City, town, or county) New York / (State or foreign country)
16. (a) Informant Dr. C. M. Waugh
(b) Address Tarkio, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio Home Cemetery
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.
19. (a) 4-1-48 (Date received local registrar) (b) Betty Crabtree (Registrar's signature) 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1948 hour 3 minute p. M.

21. I hereby certify that I attended the deceased from Jan 1, 1948 to March 28, 1948 that I last saw his alive on 3-28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 wks
Due to	
Due to	
Other conditions Senility & Arterio Sclerosis (include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

PHYSICIAN
Underline the cause of which death should be charged statistically.

83 W

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 0

23. Signature Cecil Waugh (M. D. or other)
Address Tarkio, Mo. Date signed 3/29/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....Jno. M. Davis.....

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.