

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16277
Registrar's No. 2235

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1427 Brooklyn /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 16 years _____ (Specify whether
years, months or days)

3: (a) PRINT FULL NAME Lucy Velmon Culter
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, married
6. (b) Name of husband or wife John J. Culter 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased January 13, 1887
(Month) (Day) (Year)

8. AGE: Years 61 ~~65~~ Months 4 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name William Cordell

13. Birthplace Indiana /
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Simmons

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

16. (a) Informant Mrs. Howard A. Sanders

(b) Address 1427 Brooklyn

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-29-48
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Mo.

19. (a) 5-28-48 (Date received local registrar) (b) Clara Dine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1014 Olive
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28
year 1948 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from April 20, 1948 to May 26, 1948
that I last saw her alive on May 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial decompensation with ventricular fibrillation
Due to arteriosclerotic heart disease 5 yrs.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
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 John R. ... (M. D. or other) _____
Address Chambers Bldg Date signed _____

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 _____

Dean Owens

Licensed Embalmer No. *42 P.O.*

P. O. Address *R. C., 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.