

No. 2  
12-45  
17-39  
7070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18430

FILED JUN 10 1948

Registration District No. 370

Primary Registration District No. 3075

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Dexter  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103  
(c) City or town Dexter 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. E. So. Main 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anabele 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. Widowed

6. (b) Name of husband or wife Wm. Culbertson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 20 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 7 3 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

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

12. Name David Murdock

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

14. Maiden name Harriet Lewis

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

16. (a) Informant Mrs. C. A. Ashby

(b) Address Carbondale, Illinois

17. (a) Burial (b) Date thereof 5-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sallers Chapel

18. (a) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Missouri

19. (a) 6-4-48 (b) Delma W. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1948 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 20,  
1948 to May 23, 1948  
that I last saw h. ER alive on May 23, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
ACUTE MYOCARDIAL  
Due to CHRONIC MYOCARDITIS.

Duration  
24 HOURS  
0 MONTHS

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations 93P

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 2

23. Signature Dr. H. A. Pae (M. D. or other) DO

Address Leute, Mo Date signed 5/25/48

RECEIVED

District Health Office

District File Number 648-

Date Filed 6-7-48

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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.....

Licensed Embalmer No. 3479

P. O. Address.....  
Niles, 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.**