

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12189

State File No. _____

FILED MAY 2 1949

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5539 Registrar's No. 26

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

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt <u>44</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fortescue, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fortescue, <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) Esther	b. (Middle) Lola	c. (Last) Culp	4. DATE OF DEATH (Month) (Day) (Year) 4 15 1949
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5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 8, 1916	9. AGE (In years last birthday) 32	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Tarkio, Missouri <u>0</u>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Floyd Drake	13b. MOTHER'S MAIDEN NAME Lillian Brackinridge	14. NAME OF HUSBAND OR WIFE Wilbur Ralph Culp
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 493-18-764	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilbur Ralph Culp Fortescue, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Heart disease</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Corbic insufficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4211</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Oregon Holt MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from 4, 15, 1949, to 4, 15, 1949, that I last saw the deceased alive on 4, 15, 1949, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

22a. SIGNATURE <u>O. E. Klumpp M.D.</u> (Degree or title)	22b. ADDRESS <u>Oregon MO</u>	22c. DATE SIGNED <u>4.16.49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 18, 1949	24c. NAME OF CEMETERY OR CREMATORY Tarkio Cemetery	24d. LOCATION (City, town, or county) (State) Tarkio, Missouri
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DATE REC'D BY LOCAL REG. <u>4-17-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>123</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u> <u>Holt, Missouri</u>
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

W. H. Crawford

Licensed Embalmer No. 1824

P. O. Address

Memphis City, 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.