S. No. 300
v. 10-48

69

THE DIVISION OF HEALTH OF MISSOURI

MAY 11 1949

# STANDARD CERTIFICATE OF DEATH

State File No. 13176

BIRTH NO. 12 REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 3806 Registrar's No.

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

**1. PLACE OF DEATH**
a. COUNTY Monroe.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Southfork Township)
c. LENGTH OF STAY (in this place) 7Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Perry, Missouri R.F.D.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Monroe 67
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Southfork Township)
d. STREET ADDRESS (If rural, give location) Perry, Missouri

**3. NAME OF DECEASED** (Type or Print)
a. (First) James
b. (Middle) Dee
c. (Last) Culbertson.

**4. DATE OF DEATH** (Month) (Day) (Year) April, 18, 1949.

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Child
**8. DATE OF BIRTH** April, 12, 1942
**9. AGE** (In years last birthday) 7 — IF UNDER 1 YEAR Months Days 6 — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) School
**10b. KIND OF BUSINESS OR INDUSTRY** School
**11. BIRTHPLACE** (State or foreign country) Monroe County, Missouri
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Unknown
**13b. MOTHER'S MAIDEN NAME** Margaret McGill
**14. NAME OF HUSBAND OR WIFE** None.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Margaret Culbertson. ADDRESS Perry, Mo. R.F.D.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull at base of brain

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Falling from a Combation grass seeder and Roller.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 8 91 20 / 22

**19a. DATE OF OPERATION** ~~4-28-49~~
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) at farm.
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE) Rural (Southfork Township) Monroe, Missouri
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) April 18 1949 about 4:30 p.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?** falling in front of a ground roller while riding on same

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at about 4:30 p.m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) Russell W. Wilson 3 Coroner
**23b. ADDRESS** Monroe City Mo.
**23c. DATE SIGNED** 4/18-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 4-20-1949
**24c. NAME OF CEMETERY OR CREMATORY** South Fork Cemetery.
**24d. LOCATION** (City, town, or county) (State) Monroe County, Mo.

**DATE REC'D BY LOCAL REG.** 4.20.49
**REGISTRAR'S SIGNATURE** Elbert Baker MD 205 0
**25. FUNERAL DIRECTOR'S SIGNATURE** Clyde B. Wilbey ADDRESS Perry Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1945

AUG 21 1953

RECEIVED
District Health Officer No. 1
District File Number 5.49.79
Date Filed MAY 10 1949

## 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 Clyde C. Willey

Licensed Embalmer No. 3820

P. O. Address Perry Iowa

**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.

State of Missouri. } ss.
County of Ralls.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 13 17[illegible]-49
Local Registrar's No. 14

On this 24th, day of May, 1949, before me appears B.E. Cowherd, who, upon his oath, states that the original record of death for James Dee Cowherd died April, 18, 1949, in the State of Missouri, and which was filed at Monroe Co, Missouri on 4-20-, 1949, should be corrected as follows:

Item No. 3 should read [illegible] Cowherd
Instead of Culbertson.

Item No. 5 should read October, 6, 1941
Instead of April, 12, 1942

Item No. 9 should read 7Yrs- 6Mo - 12 Days
Instead of 7 Yrs 6 Days

Item No. 13 B should read Magill
Instead of McGill

Item No. 13A should read B.E. Cowherd
Instead of unknown

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant B E Cowherd Father
Relationship.

1725 N. Normandy
Hollywood 27, California.
Present Address.

Subscribed and sworn to before me this 24th, day of May, 1949.

My Commission expires Feb, 18, 1953

Clyde C. Willey, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—8-43
I X37817