

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34530**

FILED OCT 21 1949

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|---|--|---|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>245</u> | | PRIMARY REG. DIST. NO. <u>3047</u> | | Registrar's No. <u>84</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | | | | |
| b. CITY OR TOWN <u>Neosho</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>Neosho</u> | | 73 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>336 Patterson</u> | | | | d. STREET ADDRESS (If rural, give location) <u>336 Patterson ST.</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Arthur W. Cullkin</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4 1949</u> | | | | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>May 18, 1885</u> | | |
| 9. AGE (In years last birthday) <u>64</u> | | IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dep. Commissioner of Revenue</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Motor Vehicle Reg.</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Neosho, Missouri</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | 13a. FATHER'S NAME <u>William Cullkin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rouisa Nutto</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lucy Ann Cullkin</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>495 05 2599</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Cullkin</u> ADDRESS <u>Neosho, Mo.</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>1. Hypertension</u> DUE TO (c) <u>2. Nephritis, Chronic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> <u>8 yrs</u> <u>8 yrs</u> <u>59 2d</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |
| 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) _____ | | | | |
| 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 _____ | | | | |
| 22. I hereby certify that I attended the deceased from <u>April</u> , 1949, to <u>Oct 4</u> , 1949, that I last saw the deceased alive on <u>Oct 4, 1949</u> , and that death occurred at <u>5:45 P. m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Harold C. Leubner, M.D.</u> | | | | 23b. ADDRESS <u>Neosho Mo</u> | | 23c. DATE SIGNED <u>Oct 12, 1949</u> | | |
| 24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 6, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORIUM <u>I.O.O.F.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>Oct. 13, 1949</u> | | REGISTRAR'S SIGNATURE <u>Melvin C. Boniman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Kenneth Patterson</u> | | ADDRESS <u>Neosho, Mo.</u> | | |

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

RECEIVED

District Health Officer No. NEWTON Co. HEALTH UNIT

District File Number 1049-183

Date Filed OCT 19 1949

OCT 19 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.

Signed R. Kenneth Patterson

Signed _____
Student Embalmer

Licensed Embalmer No. 4697

P. O. Address Newark, 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.