

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41850**

FILED DEC 23 1949

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **110**

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| 1. PLACE OF DEATH a. COUNTY Newton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho | |
| c. LENGTH OF STAY (in this place) 4 Yrs. | | d. STREET ADDRESS (If rural, give location) 728 Windsor Court | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION At Home | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Mabel Lee b. (Middle) Culp c. (Last) Culp | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 8 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 12/8/1915 | 9. AGE (In years last birthday) 34 | 10 UNDER 1 YEAR Months 0 Days 0 | 11 UNDER 24 HRS. Hours 0 Min. |
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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 Same | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Herbert Kitts | 13b. MOTHER'S MAIDEN NAME Gaor Sappington | 14. NAME OF HUSBAND OR WIFE Edwin Culp |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No | 17. INFORMANT'S SIGNATURE OR NAME Edwin Culp | ADDRESS 728 Windsor Court Neosho |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 174X |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Intestines | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Uterus DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION Feb. 1949 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Uterus (Hysterectomy) | 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) |
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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? |
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22. I hereby certify that I attended the deceased from **Oct 17, 1949**, to **Dec 8, 1949**, that I last saw the deceased alive on **Dec 8, 1949**, and that death occurred at **10:00 P. M.**, from the causes and on the date stated above.

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|---|-------------------------------|----------------------------------|
| 23a. SIGNATURE Paul C Davis M.D. (Degree or title) | 23b. ADDRESS Neosho Mo | 23c. DATE SIGNED 12/12/49 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12/11.49 | 24c. NAME OF CEMETERY OR CREMATORY Macedonia Cem. | 24d. LOCATION (City, town, or county) (State) Stella, Mo. |
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| DATE REC'D BY LOCAL REG. Dec. 12, 1949 | REGISTRAR'S SIGNATURE Edwin C. Bowman | 25. FUNERAL DIRECTOR'S SIGNATURE Wm. Maristoga | ADDRESS Wheeler, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

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73
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RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.
District File Number 1249-340
Date Filed DEC 21 1949

DEC 21 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 _____

James Kenneth Duncan
working under my personal supervision.

Student Embalmer No. 308

Signed Wm Morris Pope

Signed
Student Embalmer

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.