

FILED JUN 21 1950 STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>909 Jefferson</u> <u>Cape Gir Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>A.T.H. Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>909 Jefferson</u> <u>0164</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROY</u>	b. (Middle) <u>M</u>	c. (Last) <u>Cullum</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 28 1891</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR <u>4</u> Months <u>10</u> Days	IF UNDER 1 HRS. <u>10</u> Hours <u>10</u> Min.
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10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegraph</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Mill Creek Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Cullum</u>	13b. MOTHER'S MAIDEN NAME <u>Lilly Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Bess Cullum</u> <u>Cape Gir Mo.</u>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bess Cullum</u>	ADDRESS <u>Cape Gir Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4.53X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Parkinson's syndrome - post-influenzal.</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 4/22, 1950, to 6/8, 1950, that I last saw the deceased alive on 6/6, 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Keim M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Cape Girardeau Mo.</u>	23c. DATE SIGNED <u>6/14/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 10 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jonasbas Dell</u>	24d. LOCATION (City, town, or county) (State) <u>St. Johns Ill.</u>
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DATE REC'D BY LOCAL REG. <u>6-12-50</u>	REGISTRAR'S SIGNATURE <u>C. E. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. G. Howell</u>	ADDRESS <u>Pepe- file no</u>
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AUG 26 1950

650-802

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. Eatis

Licensed Embalmer No. 3568

P. O. Address Page Six 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.