

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26433**

BIRTH NO. _____ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **5370** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY Daviess			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union Township		c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union Township		0312
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Miles East Gallatin, Mo.			d. STREET ADDRESS (If rural, give location) 2 Miles East Gallatin, Mo.		

3. NAME OF DECEASED (Type or Print) a. (First) Jacob b. (Middle) Anderson c. (Last) Culver			4. DATE OF DEATH (Month) (Day) (Year) June 5 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 9 1875		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 9 Days 26 IF UNDER 12 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Daviess County Missouri		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Eli Culver		13b. MOTHER'S MAIDEN NAME Elizabeth Leabo		14. NAME OF HUSBAND OR WIFE Margaret Culver	
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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 ADDRESS Mrs. Margaret Culver, Gallatin, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate	DUE TO (b) _____				177X
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	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 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) (Minute)		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 **Jan 1950** to **June 5, 1950** that I last saw the deceased alive on **June 4, 1950** and that death occurred at **3:30 P. M.** from the causes and on the date stated above.

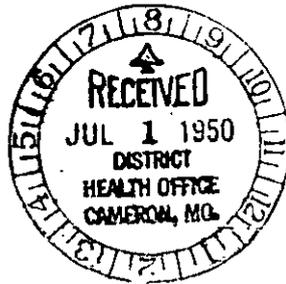
23a. SIGNATURE (Degree or title) J. D. Goddard M.D.		23b. ADDRESS Greenwood, Mo.		23c. DATE SIGNED June 6 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-7-50	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	24d. LOCATION (City, town, or county) (State) Gallatin, Mo.		
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DATE REC'D BY LOCAL REG. 30 June 19 50	REGISTRAR'S SIGNATURE Vernon M. Engelhart		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. D. Fishman Hope Funeral Home, Gallatin, Mo.		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed: *L. P. Richardson*

Licensed Embalmer No. *3307*

P. O. Address *Fallston, Mo.*

Signed.....
Student Embalmer

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.